

Env**ORIGINAL**Resources Management

200 Harry S. Truman Pkwy. Suite 400 Annapolis, MD 21401 (410) 266-0006 (410) 266-8912 (fax) http://www.erm.com

SENT BY CERTIFIED MAIL

28 April 2008

Re:

Mr. Eduardo Rovira On-Scene Coordinator U.S. EPA Region III 1650 Arch St. (3HS32) Philadelphia, PA 19103

ERM

Removal Action Certification Report and Record Drawings for Former Allied Chemical Front Royal Works Site, Front Royal, Virginia EPA ID VAD003064003

Dear Mr. Rovira:

On behalf of Honeywell International, Inc., ERM has enclosed two copies of the *April 2008 Removal Action Certification Report* and *Record Drawings* for the above-referenced site. The Record Drawings are sent under separate cover via certified mail. The Removal Action focused on the two small impoundments, a bermed pit, a perimeter engineered surface water drainage ditch and brick process water conveyance ditch located in the unfenced southern sector of the Site. The Report and Drawings identify and document the implemented removal actions taken in these areas.

If you have any questions or comments please contact me at 410-266-0006 or Mr. Prashant Gupta, Honeywell International, Inc. at 973-455-3023.

Sincerely,

Joseph Lewandowski

Principal

enclosure:

cc:

P. Gupta – Honeywell International, Inc. Darren Quillen - ERM (w/o enclosure)

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Honeywell International, Inc.

Removal Action Certification Report Site EPA ID VAD003064003

Former Allied Chemical – Front Royal Works Site Front Royal, Virginia

April 2008



Honeywell International, Inc.

Removal Action Certification Report Site EPA ID VAD003064003

Former Allied Chemical – Front Royal Works Site Front Royal, Virginia

April 2008



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1.0 INTRODUCTION

Honeywell, Inc. (Honeywell) has completed construction activities associated with the Removal Action (RA) for the Former Allied Chemical Works Site located in Front Royal, Virginia (Site). Activities were conducted in accordance with the United States Environmental Protection Agency (USEPA)-approved Engineering Evaluation/Cost Analysis (EE/CA) report prepared by Environmental Resources Management, Inc. (ERM), dated February 2007. ERM was retained by Honeywell, a successor to the Allied Chemical Works Site, to oversee implementation of the RA.

This Certification Report and the accompanying set of Record Drawings summarize the events leading to the completion of the RA field activities at the Site. Specifically, this report presents the RA activities as completed between November 5 and December 14, 2007; minor punchlist items, as listed in Section 6.0, will be addressed in spring 2008. This report and accompanying drawings discuss the remedial activities, "as-built conditions", site quality assurance/quality control (QA/QC), design modifications, and the achievement of the performance standards as established in the EE/CA report.

The following major sections are included in this Certification Report:

- 1.0 Introduction;
- 2.0 Response Action Requirements;
- 3.0 Construction Implementation;
- 4.0 Construction Modifications;
- 5.0 Construction Quality Assurance/Quality Control;
- 6.0 Future Requirements;
- 7.0 References; and,
- Appendices.

Each section discusses specific Site issues leading to the completion of the RA implementation. Data collected throughout the RA process is appended for reference as supporting documentation.

1.1 BACKGROUND

The Site is bordered by the South Fork of the Shenandoah River to both its north and west and, the Old Virginia Packing Company and the Norfolk &



Western Railroad to its east. The former Avtex Fibers-Front Royal, Inc. site defines its southern border.

The Site was a former sulfuric acid manufacturing facility constructed in 1945 under contract from the United States government with the Allied Chemical and Dye Corporation. Shortly after World War II, the United States government declared the facility surplus and sold it to Allied Chemical and Dye Corporation, who continued manufacturing sulfuric acid at the facility until May 1986 when it was sold to General Chemical Corporation. The facility was then purchased by Avtex Fibers, Inc., owners of the adjacent rayon plant, and used as a storage and transfer facility. All operations ceased at the facility in November 1989. On or about March 2000, General Chemical Corporation resumed ownership due to Avtex Fibers' filing for bankruptcy relief. The property was transferred to Honeywell in 2004 as a result of a bankruptcy settlement with General Chemical Corporation.

In September 1998, the USEPA-Region III issued a Unilateral Administrative Order, Docket No. III-98-091-DC, for the entire site. To-date, much of the characterization and remedial activities have been considered and implemented under this Order. These activities primarily relate to the decontamination and demolition of the former sulfuric acid manufacturing plant, associated buildings, process tanks, and piping. The decontamination and demolition activities, as well as the neutralization and disposal of the sulfur slag pile were conducted in 2001 and 2002 under the direction of General Chemical Corporation.

The numerous processing tanks, piping, and associated buildings were located within the current fenced area. Beyond the fenced area is a larger, primarily undeveloped portion of the Site that contains two impoundments (eastern and western), the bermed pit, a perimeter engineered surface-water drainage ditch, and a process water discharge ditch (also referred to as the former acid neutralization channel). The referenced EE/CA report designated these features as Areas of Concern (AOCs). The RA discussed herein focuses on these AOCs; construction modifications are also presented, which include demolition of the cooling tower vault.

In concert with the prior Site-wide remedial activities, a Conservation and Environmental Protection Easement and Declaration of Restrictive Convenants (Easement and Restrictive Covenants) were prepared to further limit any potential future human exposure. The easement and convenants prohibit residential uses of the Site, hunting, and groundwater

use; additionally, the floodplain (located in the western region of the property) will be maintained for conservancy and open space.

Early in 2007, ERM, on behalf of Honeywell, Inc., responded to USEPA-Region III with preparation of the "Engineering Evaluation and Cost Analysis (EE/CA) for select Areas of Concern." The features proposed for closure under this EE/CA included the following:

- eastern impoundment;
- western impoundment;
- bermed pit;
- perimeter drainage ditch; and,
- former acid neutralization channel.

1.2 PROJECT ORGANIZATION

The RA implementation was conducted by various management, inspection, and construction personnel organized to effectively administer, supervise, inspect, and construct the prescribed remedy in a sound engineering manner and in compliance with the approved-EE/CA report. Honeywell retained ERM to secure a construction contractor, inspect the construction, coordinate with the disposal facility, and ensure compliance with the prescribed RA. Honeywell contracted directly with the disposal facility. The responsibilities assigned to individual project participants are discussed in this section.

1.2.1 Construction Contractor

ECOR-Solutions, Inc. (ECOR) was the construction contractor for constructing the RA. ECOR was responsible for furnishing all labor, methods, services, materials, equipment, and installation of all materials related to the RA prescribed in the EE/CA report. ECOR was also responsible for implementing construction quality control for the project. The construction contractor was represented by of the following personnel and subcontractors:

•	Construction Contractor	
	Duningt Management	

Project Manager:
Construction Contractor

Superintendent:

• Land Surveyor:

Soils Disposal Facility:

• Hauling:

ERM

Scott Mortimer

Scott Newcomer Marsh & Legge, Inc.

King and Queen Landfill

HONEYWELL/0048339-04/14/08

Reece Services, Inc.

1.2.2 Construction Management

ERM, Inc. provided daily on-site construction management and oversight for design compliance, budget tracking, project scheduling and overall construction conformance with contract drawings and technical specifications. Honeywell, Inc. and ERM project engineering personnel interacted regularly concerning contractual and site construction matters and project schedules. As the construction manager and Site inspector, ERM also provided construction quality assurance (CQA) functions throughout the remediation phase. The Resident Construction Manager (RCM) observed each component of the remedy to assure compliance with the contract specifications. The construction management team was comprised of the following personnel:

Project Manager:

Darren Quillen

• RCM:

Ed Schroeder

1.2.3 Regulatory Agency Inspections

USEPA-Region III oversaw the remediation activities throughout the construction period. The USEPA had the authority to inspect the construction site, review the design and any field revisions, verify that the CQA/CQC practices were being appropriately implemented, and verify that the construction was in compliance with the approved RA. Site inspections were performed both at the outset and completion of the project, November 6th and December 13th, respectively, by Messrs. Eduardo Rovira and Steve Morphus on behalf of USEPA; routine Site inspections were conducted by Mr. Steve Morphus.

2.0

The RA implementation at the Site was conducted under the jurisdiction of the USEPA, and in accordance with the approved EE/CA report entitled, "Engineering Evaluation/Cost Analysis for Selected Areas of Concern, Former Allied Chemical – Front Royal Works Site, Front Royal, Virginia," dated February 2007. The EE/CA report was developed in response to a Unilateral Administrative Order (Order), Docket No. III-98-091-DC between AlliedSignal, Inc. (predecessor to Honeywell, Inc.), General Chemical Corporation, Avtex Fibers Front Royal, Inc., and the USEPA. The EE/CA report was also prepared in accordance with the requirements of the USEPA "Guidance on Conducting Non-Time Critical Removal Actions Under CERCLA." (USEPA, 1993)

Removal Action Objectives (RAOs) were established to effectively mitigate impacts in a manner that provides short-term and long-term protection of human health and the environment. The RAOs were based on available data collected during field investigations and alternatives evaluation elements specified in the EE/CA Work Plan and were finalized in the EE/CA report to include the following:

- Protect the public health and welfare, and the environment by
 ensuring that a proper removal response action is conducted to
 abate, minimize, mitigate, stabilize, and/or eliminate the release or
 threat of release of hazardous substances at or from the areas of
 concern.
- Minimize the direct exposure to hazardous substances in the areas of concern.
- Ensure that any action is consistent with any prior activity, or future remediation and land use at the Site.

The removal and off-site disposal of soil and sediment within the AOCs was the selected and USEPA-approved remedy for the Site. The development and implementation of this alternative includes the removal and disposal of impacted sediment and soil, along with backfilling and regrading of the resulting depressions within the AOCs. The design criteria and performance standards established in the EE/CA report were used to ensure the RA accomplished the aforementioned goals and were as follows:

- Removal and off-site disposal of visually-impacted sediment/soils from the sideslopes and bottom of the perimeter ditch, impoundments, and bermed pit.
- Removal, via pumping, of surface water accumulated in the eastern and western impoundments. The EE/CA report noted that the water would be disposed at an off-site location; however, upon commencement of the RA, a modification request, via correspondence to Mr. Eduardo Rovira, dated November 7, 2007 and subsequent e-mail on November 12 and 16, 2007, was submitted and approved to enable on-site treatment of the water.
- Removal and disposal of specified above-grade and below-grade structures, including pump house, pipes, brick-lined acid-neutralization channel, and other designated structures; in-place abandonment of pipes may also be performed.
- Backfill the depressions in the AOCs with soil from appropriate offsite and/or on-site sources and grade to promote positive drainage, via surface-water sheet flow to eliminate the depressions and potential future storage of surface water. Permanent surface stabilization should be established with grass cover.

As a result of the RA, the performance standards have been, or are being met as documented in the activity descriptions and appendices presented herein. Ultimately, no hazardous substances were encountered during the RA, as all impacted soils and sediment were deemed non-hazardous.

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3.0 CONSTRUCTION IMPLEMENTATION

ECOR was retained by ERM to provide all labor, equipment and requisite materials to complete construction of the RA. Their selection was the result of a competitive bidding process. During implementation, ERM provided full-time construction management and oversight of the project throughout construction.

3.1 CONSTRUCTION OVERVIEW

ECOR mobilized to the Site on November 5, 2007 and immediately began construction activities in accordance with the Construction Drawings, Technical Specifications, and the approved-EE/CA report. The RA was substantially completed on December 14, 2007 (minor punchlist items will be addressed in spring 2008). Throughout the entire construction period, a Resident Construction Manager (RCM) from ERM was on-site. Routine oversight inspections on behalf of the USEPA were performed by an USEPA representative, primarily Mr. Steve Morphus.

The RA was comprised of multiple construction activities including, though not limited to, the installation of erosion and sedimentation control devices; clearing and grubbing of vegetation; demolition and removal of ancillary structures; the excavation and removal of soil and sediment from the perimeter ditch, bermed pit, and impoundments; removal and on-site treatment of surface water from the impoundments; the placement and grading of structural and topsoil fill materials, and demolition of the cooling tower vault. The on-site treatment of surface water and demolition of the cooling tower vault were modifications to the RA; further discussion of these activities is provided in Section 4.0 – Construction Modifications.

Each AOC was excavated to remove impacted soils and sediment. The depth of excavation was determined by routine inspections conducted by the RCM to confirm that all visually impacted soils/sediment had been removed prior to backfilling. The quantity of soil/sediment transported and disposed off-site as manifested, was 2226.40 tons. Four (4) topographical survey events were conducted to record the depths of excavation. The actual excavated depths varied throughout each AOC; nonetheless, for the most part, the excavated depths were similar to, or slightly greater, than those anticipated in the EE/CA report. The typical depth of excavation for each AOC is provided in Note 3, Drawing No. 4. It should be noted that five (5) 2.5-foot deep test pits were initially excavated

in the bermed pit to observe the subsurface conditions. Consequently, a wide range of depths were excavated in the bermed pit, including approximately 18 inches in the western and southern regions of the pit, 6 to 9 inches in the northeastern region, and up to 10 feet in the northwestern region.

The sediment excavated from the eastern and western impoundments was too wet for transportation and disposal; therefore, the material was conditioned. The majority of these sediments were mixed with the drier perimeter ditch soils. A small portion of these sediments required mixing with lime. Specifically, 16 tons of lime was used to condition the wet sediments.

Site restoration included placement of structural fill and topsoil, site grading, and temporary seeding and mulching. Structural fill was procured from an off-site source, Rappawan, Inc. located in Front Royal, VA, as well as the excess fill from the perimeter ditch berm. Topsoil was also procured from Rappawan, Inc. The Site was stabilized for the winter season through the application of a temporary seed, primarily consisting of 50/50 mix of winter and annual rye, and surface mulching. In spring 2008, the Site will be inspected for erosion, repaired if necessary, and a permanent seed will be applied. Placement of this permanent vegetative cover system will complete and fulfill the site restoration requirements.

With the exception of those activities presented in Section 4.0 – Construction Modifications, these construction events were conducted in accordance the construction drawings, technical specifications and the EE/CA report.

3.2 CONSTRUCTION SEQUENCE

RA implementation was planned and conducted in a logical series of activities to facilitate the execution through substantial completion within a 6-week time period. A brief discussion of the sequence of construction and chronology of events is provided below.

Upon mobilization, site controls were established including the establishment of survey controls. Erosion controls were installed, including silt fence along the southwest Site boundary. The work area delineated by the limits of disturbance was cleared to permit access and construction of the RA. Thereafter, the structures designated for demolition were removed, including the shed, brick channel, and other ancillary features.

Segment 1 of the perimeter ditch was then excavated and backfilled (Segments 1 and 2 are presented in the Record Drawings). Excavated soils were staged in the designated staging area. The cleared trees were chipped and placed over the completed grade to stabilize the surface. Upon backfilling Segment 1 of the ditch, surface water from the impoundments was pumped to the treatment system. The water was treated and stored in the secondary settling tank until discharge, via spray irrigation.

Work activities proceeded with excavation in Segment 2 of the perimeter ditch (see Drawing No. 5). Concurrently, the bermed pit was excavated. Upon completion of Segment 2 and the bermed pit excavation, excavation activities proceeded in both the eastern and western impoundments. Soils from all excavations were staged in the designated area. The wet soils from the impoundments were conditioned with the drier soils from the ditch and/or lime for transportation and disposal purposes. Transportation and disposal of soil materials, spray irrigation of the treated surface water, and site restoration were conducted as the final RA activities.

The chronology of work activities is summarized below:

November 5, 2007	Mobilize to the Site
November 7, 2007	Complete clearing and grubbing
November 8, 2007	Demolish above grade structures
November 10, 2007	Commence perimeter ditch excavation
November 13, 2007	Complete perimeter ditch excavation (Segment 1)
November 16, 2007	Commence backfill of ditch (Segment 1)
November 20, 2007	Pump surface water to treatment system
November 21, 2007	Commence top soil placement (Segment 1)
November 28, 2007	Complete ditch (Segment 2) and bermed pit excavation
November 29, 2007	Complete excavation in impoundments
December 1, 2007	Complete impoundment backfill activities

December 3, 2007 Commence soils transportation and disposal

December 6, 2007 Spray irrigation of treated surface water

December 11, 2007 Complete soils transportation and disposal and

demolish cooling tower vault

December 13, 2007 Final Inspection

December 14, 2007 Complete temporary stabilization and

demobilization

3.3 FINAL SITE INSPECTION

The final Site inspection was conducted by representatives of the USEPA, Honeywell, ECOR, and ERM on December 13, 2007. The RA was deemed substantially complete. There was, however, a limited punchlist of minor activities that remain to be accomplished, including permanent seeding and removal of erosion controls. USEPA did not identify any apparent deficiencies associated with the RA scope-of-work addressed in the approved EE/CA report.

USEPA requested that the sulfur residuals observed within the previously decommissioned plant area be removed. Reference Section 6 - Future Requirements for further discussion regarding removal of the sulfur residuals. Attendees at the final inspection are listed below:

- Eduardo Rovira USEPA;
- Steve Morphus USEPA contractor;
- Prashant Gupta Honeywell;
- Scott Mortimer ECOR;
- Ed Schroeder ERM; and,
- Darren Quillen ERM.

4.0 CONSTRUCTION MODIFICATIONS

Constructions modifications were implemented during the Site remediation activity as a consequence of varying field conditions and operations to improve the implementation and function of the overall remedy. The modifications are consistent with the intent of the approved EE/CA report and were conducted in conjunction with USEPA, or as a direct result of the conditions presented at the time of construction. Those construction modifications are presented below.

4.1 WOOD CHIP MULCH PLACEMENT

During the initial construction activities, it was necessary to clear existing trees to gain access to the remediation work zones. These felled trees and shrubs were stockpiled for future on-site reduction by grinding and chipping. Since clearing activities were minimized along the western segment of the perimeter ditch, the area designated for stabilization still resided within a forested area consisting of pine, cedar and hickory trees. Consequently, wood chips from the cleared trees, rather then grass, was used to stabilize an 800-foot long segment of the perimeter ditch. These chips were spread to a depth of 6 to 8 inches, across the width of the former perimeter ditch within the forested area. Decomposition of these chips will promote a regeneration of native trees and shrubs species within a compatible area.

4.2 ON-SITE TREATMENT OF SURFACE WATER

At the outset of the project, both the eastern and western impoundments were full of storm water due to recent precipitation. Consequently, ERM submitted a modification request to USEPA, dated November 7 2007, with a proposal to manage the accumulated storm water on-site, via removal and on-site treatment, rather than transportation and off-site management. A subsequent clarification to the on-site treatment concept was discussed and confirmed, via e-mail dated November 16, 2007. The final on-site treatment approach was comprised of the following components:

 Accumulated storm water was removed with a hose situated at the water surface. The intake had a screen to mitigate removal of particulates.

- The water was pumped to a 10,000 gallon tank for primary settlement of solids.
- Water was conveyed from the primary settling tank to a filtration canister. 1 micron bag filters were used in the canister.
- Filtered water was conveyed to a second 10,000 gallon settling tank for further settling.
- The treated water, estimated at 20,000 gallons, was discharged on site, via spray irrigation.

Removal of storm water from the impoundment into the primary settling tank began on November 20, 2007. Water was discharged from the treatment system on December 6, 2007, thereby, yielding 16 days of settlement within the system.

The treatment system was also used to manage the storm water accumulated within the cooling tower vault. The locations of the treatment system and spray irrigation discharge are presented on Drawing No. 4. The referenced correspondence with USEPA is provided in Appendix A.

4.3 COOLING TOWER VAULT

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Upon commencement of the construction activities, a concrete vault, referred to herein as the cooling tower vault, was identified in the former plant area. The concrete vault was deemed a safety hazard as a result of open areas in the top of the vault. Consequently, the vault was designated for demolition concurrent with RA activities.

The storm water accumulated in the vault was removed and treated in the on-site treatment system (see Section 4.2). Thereafter, the top of the vault was collapsed into the chamber. The above-grade vault sides were then collapsed inward, into the chamber, and holes were punched in the vault bottom to ensure drainage. Additional concrete rubble from nearby areas was used for filling the remainder of the vault. This rubble was then "tracked in" or compacted by the equipment passing over the area.

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5.0 CONSTRUCTION QUALITY ASSURANCE / QUALITY CONTROL

Quality assurance and quality control (QA/QC) is an important component of any RA. For this Site, QA/QC primarily consisted of inspections to confirm the removal of visually impacted soils. However, other QA/QC activities included geotechnical testing of backfill soils and surveying. A description of responsibilities, procedures and results throughout construction are presented.

5.1 POSITION RESPONSIBILITIES

ECOR was responsible for the quality of construction and for compliance with the construction documents, drawings and specifications and, fulfilling applicable regulatory requirements. ERM had ultimate responsibility for the oversight of construction and assurance of conformance with the construction drawings, specifications, and the intent of the EE/CA report. QA and QC personnel responsibilities and assignments throughout implementation are discussed below.

5.1.1 Construction Quality Assurance

On behalf of ERM, the on-site RCM had the ultimate responsibility for the oversight of construction and assurance of conformance with the construction drawings, specifications and CQA requirements.

5.1.2 Construction Quality Control

ECOR was responsible for conducting the work in accordance with the EE/CA, the applicable contract specifications and, to do so, employing best industry practices. Construction was conducted in a safe and controlled manner. ECOR was responsible for providing an experienced job site Superintendent capable of ensuring that all applicable quality and contract performance responsibilities were satisfied. All QA activities for the project were coordinated between the RCM and the Contractor's QC/Site Superintendent and together, they had direct control of the construction crew, subcontractors and, project scheduling.

5.1.2.1 Construction Crews

ECOR employed experienced, safety-trained construction labor. These contractor employees and subcontractors were trained for the functions they performed and the equipment they operated.

5.2 QUALITY ASSURANCE AND QUALITY CONTROL ACTIVITIES

QA/QC activities included inspections, testing, and surveying. A RCM was on-site full time to inspect all work and ensure that all visually impacted soils were removed. In some areas, the excavations extended both vertically and laterally beyond the estimated limits presented in the EE/CA report to remove the visually impacted materials. In other areas, excavations were not required to the anticipated depths. Ultimately, all excavations were inspected prior to backfilling to ensure removal of visually-impacted soils. The typical depths of excavation are presented on Drawing No. 3; topographical contours for pre-excavation, post-excavation and final (after backfilling) conditions are presented in the Record Drawings. Structural fill and topsoil were procured from an off-site source, Rappawan, Inc., located in Front Royal, VA. Pre-certification geotechnical tests were conducted in accordance with the technical specifications to ensure that the materials were appropriate for backfilling and vegetative growth, respectively. These pre-certification tests are provided in Appendix E.

Structural fill was used primarily in the eastern and northern segments of the perimeter ditch. In-place compaction tests were performed on the procured structural fill to ensure proper compaction (see Appendix E for the results). The remainder of the structural fill for the ditch, impoundments and bermed pit was excess soils from the berm along the western segment of the perimeter ditch. Observations and inspections were performed throughout the placement of the structural fill. These soils were placed and compacted using a John Deere 650J dozer. Compactive efforts were achieved by tracking fill with either the JD650J or, a JD250C track hoe.

6.0 FUTURE REQUIREMENTS

As determined at the final site inspection conducted on December 13, 2007, attended by the USEPA, Honeywell, ECOR, and ERM representatives, minor items are required to be addressed for the final completion of the RA. These measures will be conducted in spring 2008 and include the following:

- the northern region of the Site (directly north of the plant perimeter fence) will be regraded to promote sheet flow into the existing ditch;
- saturated and excess soils located within the former plant area and on the access road just outside the former plant area will be addressed;
- permanent seeding of disturbed areas will be conducted; and,
- removal of sediment and erosion control measures upon establishment of vegetation and site stabilization.

During the final site inspection, the USEPA identified sulfur residuals located within the former plant area and requested its removal. Specifically, these residuals were observed within the concrete trough parallel to the railroad tracks and scattered in a few areas on the soil surface within the fenced area. This material is believed to be raw materials transported to the Site, via rail, and stored within the sulfur slag pile during plant operations.

During re-mobilization in spring 2008 to address the outstanding items listed above, the sulfur residuals observed in the trough and on the soil surface will be removed and properly disposed. Removal of these materials will likely be conducted by manual means (i.e. hand-shoveling).

Post-construction maintenance and monitoring will be conducted to evaluate the effectiveness of the surface grading to promote sheet flow and permanent stabilization at the Site. Inspection of areas disturbed during the RA will include, but not be limited to, visual observations to determine the occurrence of any of the following items:

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- erosion;
- stressed vegetation;
- sufficient settlement/subsidence to prevent sheet flow across the Site; and
- areas of dead or poor vegetative cover.

Areas identified with one or more of the aforementioned items will be repaired. Repair will consist of the placement of additional topsoil and/or seeding, as necessary.

Post-construction maintenance and monitoring will be conducted during spring 2008 activities and upon germination of the permanent seed and surface stabilization; i.e., summer or fall of 2008. Following the establishment of vegetation, sediment and erosion control measures will be removed.

7.0 REFERENCES

Dames & Moore. 1999. Quality Assurance Project Plan (QAPP) for the Response Action Plan, Allied Front Royal Site. April 1999.

Dames & Moore. 1999a. Response Action Plan – Vessel/line Characterization and Extent of Contamination Study, Allied Front Royal Site. April 1999.

Dames & Moore. 1999b. Site-Specific Health and Safety Plan for the Response Action Plan, Allied Front Royal Site. April 1999.

Dames & Moore. 2000. Risk Evaluation and Response Action Alternative Evaluation, Allied Front Royal Site. May 2000.

ERM. 2007. Engineering Evaluation/Cost Analysis for Selected Areas of Concern, Front Royal Works Site. February 2007.

ERM. 2005. Engineering Evaluation/Cost Analysis Work Plan, Front Royal Works Site. September 2005.

Roux Associates, Inc. 2002. Response Action Plan/Implementation Phase Decontamination and Demolition Report, Former Sulfuric Acid Manufacturing Facility, Front Royal, Virginia. 3 July 2002.

URS. 2002. Revised Report of Findings – Response Action Plan, February 2001 Addendum, Allied Front Royal Site. August 2002.

U.S. Environmental Protection Agency (USEPA). Region III. 1999. Risk-Based Concentration Tables. October, 1999.

U.S. Environmental Protection Agency (USEPA). 1998. Unilateral Administrative Order, Allied Front Royal Site, Docket No. III-98-091-DC, 30 September 1998.

U.S. Environmental Protection Agency (USEPA). 1993. Guidance on Conducting Non-Time Critical Removal Actions Under CERCLA. EPA540-R-93-057.

Appendix A Selected Correspondence with EPA

SENT BY ELECTRONIC MAIL

7 November 2007

Mr. Eduardo Rovira On-Scene Coordinator U.S. EPA Region III 1650 Arch St. (3HS32) Philadelphia, PA 19103

Re: Management of Surface Water during the Removal Action Former Allied Chemical Front Royal Works Site, Front Royal, Virginia EPA ID VAD003064003

Dear Mr. Rovira:

As you are aware, implementation of the non-time critical removal action at the above-referenced site has commenced with the mobilization on November 5, 2007. One of the initial tasks was to remove surface water from the eastern impoundment. Due to the recent precipitation events, water has accumulated in both the eastern and western impoundments; consequently, the quantity of water in the impoundment has greatly increased over the past week. Accordingly, as agreed to during the site visit on Tuesday, November 6, 2007, we will remove the water from the impoundments and conduct on-site treatment.

In accordance with the construction drawings, the upgradient portion of the perimeter ditch, Segment 1, will be excavated and backfilled in the early stages of the project. This approach will minimize the drainage area contributing flow to the impoundments throughout the remainder of construction activities. Concurrent with excavation and backfilling of Segment 1, water will be removed from each impoundment and treated on-site. The treatment scheme is presented below:

- A hose will be located at the water surface with a screen over the intake;
- The water will be pumped to a frac tank for primary settlement of solids;
- The water will then be pumped to a filtration canister; the filters in the canister will be between 1 and 50 microns;
- The filtered water will then flow through a granular activated carbon (GAC) unit for further treatment;

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200 Harry S. Truman Pkwy. Suite 400 Annapolis, MD 21401 (410) 266-0006 (410) 266-8912 (fax) http://www.erm.com



- Lastly, the treated water be conveyed to a frac tank prior to discharge.
- The treated water will be discharged via spray irrigation, or other means of non-concentrated flow. The discharge location will vary to ensure that surface ponding does not occur.

We will call you to verify your agreement with this approach. In the meantime, if you have any questions or comments, please do not hesitate to contact us at 410-266-0006 or Mr. Prashant Gupta, Honeywell International, Inc. at 973-455-3023.

Sincerely,

Darren Quillen, P.E.

Project Manager

Joseph Lewandowski

Principal

cc: Prashant Gupta - Honeywell International, Inc.

John Mojka - Honeywell International, Inc.

Ed Schroeder - ERM



Rovira.Eduardo@epam ail.epa.gov 11/12/2007 10:42 AM

To: Joe.Lewandowski@erm.com cc: Darren.Quillen@erm.com Subject: Re: Former Alliled Chemical Plant - Front Royal, VA

Joe,

Sorry I did not get back to you before. I reviewed the document and I have no problem with the approach.

Regards,

Eduardo Rovira, Jr.
On-Scene Coordinator
Eastern Response Branch
U.S. EPA Middle-Atlantic Region

Joe.Lewandowski@erm.com

11/12/2007 10:20 AM Eduardo Rovira/R3/USEPA/US@EPA cc

Darren.Quillen@erm.com

Subject

Former Alliled Chemical Plant - Front Royal, VA

Eduardo,

Have you had time to review our request for on-site treatment of the water?

Joe Lewandowski ERM 200 Harry S. Truman Parkway, Suite 400 Annapolis, MD 21401 (410) 266-0006

*-----

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Joe Lewandowski

11/16/2007 10:41 AM

To: rovira.eduardo@epa.gov, steve.morpus@ttemi.com

cc: prashant.gupta@honeywell.com, john.mojka@honeywell.com, Darren

Quillen/ERMINC/ERM@ERM, Edward

Schroeder/ERMINC/ERM@ERM, Matthew Subject: Former Allied Chemical Stie - Front Royal, VA

Eduardo.

This is to confirm our telephone conversation of November 16, 2007 regarding the elimination of the granular activated carbon unit from the treatment process for the surface water from the impoundments.

Further analysis of the situation verifies that carbon treatment of the surface water is unnecessary.

All other units (minus the granular activated carbon unit) of the proposed process scheme as detailed in the November 7, 2007 letter will be installed on-site for the treatment of water from the impoundments.

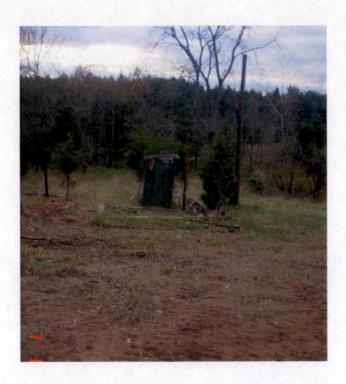
Thanks for the immediate response to our request.

Joe Lewandowski ERM 200 Harry S. Truman Parkway, Suite 400 Annapolis, MD 21401 (410) 266-0006

This message contains information which may be confidential, proprietary, privileged, or otherwise protected by law from disclosure or use by a third party. If you have received this message in error, please contact us immediately and take the steps necessary to delete the message completely from your computer system. Thank you. Please visit ERM's web site: http://www.erm.com

Appendix B Record Drawings (under separate cover) Appendix C Photo History

PRICINAL



Photograph 1 – Wooden shed to be demolished.

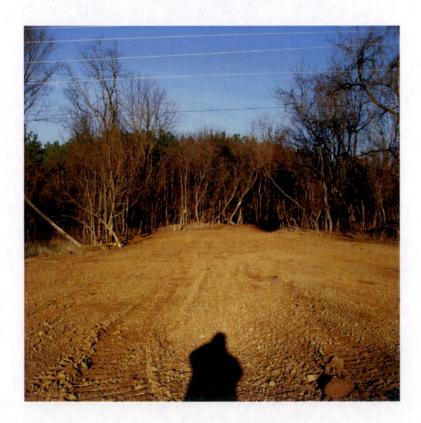


Photograph 2 – Demo, removal, and backfill of the cooling tower located within the facility area.



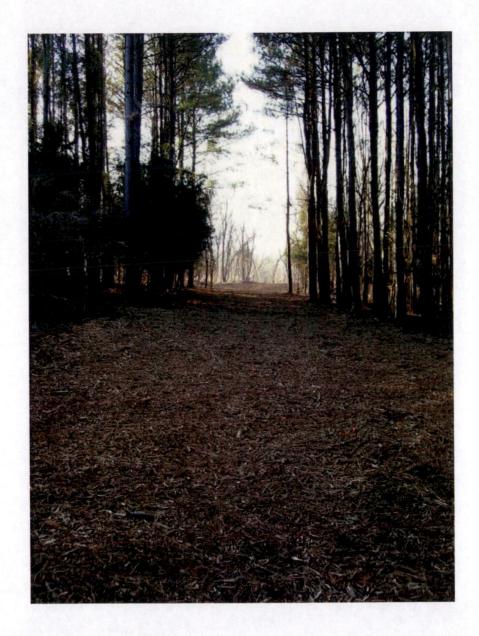


Photograph 3 – Perimeter ditch post-excavation along west side, looking north.



Photograph 4 - Perimeter ditch following backfill and grading.



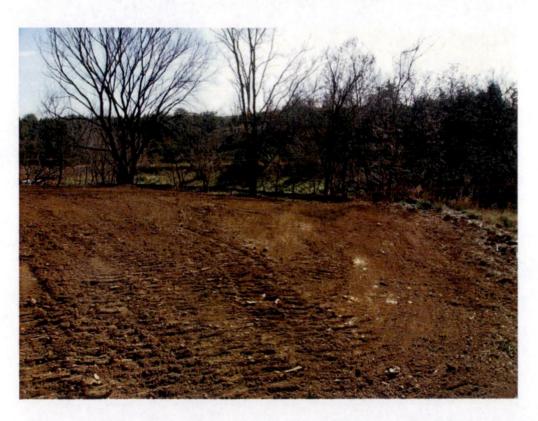


Photograph 5 - Mulch placement along former perimeter ditch area.





Photograph 6 – Bermed pit during excavation, looking south.



Photograph 7 – Bermed pit following backfill and grading, looking south.





Photograph 8 – Western impoundment during excavation, looking south east.



Photograph 9 – Eastern impoundment during excavation, looking south east.



ORIGINAL



Photograph 10 – Western and eastern impoundments following backfill and grading, looking west.



Photograph 11 – Impacted sediment excavation beyond limits of perimeter ditch at sluice gate.





Photograph 12 – Impacted sediment excavation beyond limits of perimeter ditch at rail tracks along the northern fence line.



Photograph 13 – Water treatment system located adjacent to former impoundments area.



Appendix D Waste Quantities and Manifests



If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

NO. 5 OPEN	ı
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a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roy
. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE L I 8 Y 7 J. Description of Waste: Soil	1 3 8 8 9 Containers DM METAL DRUM DP - PLASTIC DRUM B - BAG BA 6 MIL. PLASTIC BAG OF WRAP
From surface water impoundments and bermed pit	1 T TRUCK
CENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P POUNDS
on II TRANSPORTER (Generator Completes a	rd, Transporter completes e-g, Transporter II competes tr-n)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State: Acknowledgement of Receipt of Materials.	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
g Shipment Date	n Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
thereal sorms and another transcribe than boots developed and to alle soot	
1	
Name of Authorized Agent Signature	Receipt Date
on IV ASBESTOS (Generator	Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's† Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment at marked, and labeled, and are in all respects in proper condition for transport by highway as	
e. Operator's Name & Title:	
f. Name and Address	OPERATOR'S* SIGNATURE Dette



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No. AZO

ORIGINAL

ction 1 GENERATOR (C	Generator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE L I 8 Y 7 Description of Waste: Soil	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL PLASTIC BAG of WRAP
From surface water impoundments and bermed pit	1 T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, If the waste is a treatment residue of a previously reflections, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	d is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal V - VARDS
	a-d, Transporter completes e-g, Transporter II competes ti-n.)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	J. Driver Name/Title: PHINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	•
1. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Acknowledgement of Receipt of Materials.	7
g Shipment Date	n. Driver Signature Shipment Date
	r Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	200-785-2146
W VIIV 1941171	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the beau	st of my knowledge the foregoing is true and accurate.
	st of my knowledge the foregoing is true and accurate.
	st of my knowledge the foregoing is true and accurate. Receipt Date
I hereby certify that the above named material has been accepted and to the beat. 1. Name of Authorized Agent Signature	Receipt Date
I hereby certify that the above named material has been accepted and to the bet f. Name of Authorized Agent ASBESTOS (Generato	Receipt Date or Completes a-d, f-g, Operator completes a)
t. Name of Authorized Agent ASBESTOS (Generato a. Operator's* Name:	Receipt Date If Completes a-d. (1-g. Operator completes a) b. Operator's* Phone No.:
t. Name of Authorized Agent a. Operator's* Name: c. Operator's* Address:	Receipt Date or Completes a-d, 1-g, Operator completes a) b. Operator's* Phone No.:
t. Name of Authorized Agent Signature ASBESTOS (Generato a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment	Receipt Date If Completes a.d., F.g., Operator completes a) b. Operator's* Phone No.: are fully and accurately described above by proper shipping name and are classified, packed,
t. Name of Authorized Agent Signature ASBESTOS (Generato a. Operator's* Name: C. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway	Receipt Date If Completes a.d., F.g., Operator completes a) b. Operator's* Phone No.: are fully and accurately described above by proper shipping name and are classified, packed,
t. Name of Authorized Agent Signature ASBESTOS (Generato a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment	Receipt Date If Completes a.d., F.g., Operator completes a) b. Operator's* Phone No.: are fully and accurately described above by proper shipping name and are classified, packed,



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.1425

ORIGIL

Generator Name: Honeywell		
Address: 101 Columbia Road		rk Site
Morristown, NJ 07960	Front Royal, VA 22630	
	f. Phone No.:	
owner of the generating facility differs from the generator, provide:		
. Owner's Name:	h, Owner's Phone No.:	
BFI WASTE CODE	D DAO	STIC DRUM
Description of Waste: Soil		L. PLASTIC BAC
From surface water impoundments and bermed pit	T TRU	CK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P - POUN	S C METERS C YARDS
Generator Authorized Agent Name Signature	Shipment Date	
n II TRANSPORTER (Generator Completes	a-d, fransporter completes e-g, fransporter il compete	sih-ni)
TRANSPORTER I	TRANSPORTER II	
Name: Reece Services, Inc.	h. Name: TLACH ARC	
Address: 17756 Colonial Port RD.	I. Address:	
Dumfries, VA 22026		
Driver Name/Title: PRINT / TYPE	j. Driver Name/Title:	
PRINT/TYPE e. Truck No.:	k, Phone No.: I. Truck No.	·
Vehicle License No./State:	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.	
	n	
Driver Signature Shipment Date	1	hipment Date
Mine 9 Consent and Ell	Completes a-d, destination site completes a-f)	
One realize.		
Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD Little Plymouth, VA 23091	
Little Plymouth, VA 23091	Little Flymouti, VA 23091	
Discrepancy Indication Space:		
hereby certify that the above named material has been accepted and to the bes	of my knowledge the foregoing is true and accurate.	
•		
Name of Authorized Agent Signature	Receipt Date	
n IV ASBESTOS (Generator	Completes a-d, f-g, Operator completes e)	
a. Operator's* Name:		
d. Special Handling Instructions and additional information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a		
e. Operator's Name & Title:		TTT
e. Operator's Name & Filie:	OPERATOR'S SIGNATURE	Date
f. Name and Address		



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 1470

ORIGINAL

a. Generator Name: Honeywell	
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
L I 8 Y 7	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k Quantity Units No. TYPE B - BAG BA - 6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	1 T T OR WRAP T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is nany applicable state law, has been properly described, classified and packaged, or applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	nd is in proper condition for transportation according to P - POUNDS estricted transportation by Apple
Generator Authorized Agent Name Signature	Shipment Date
	s a-d, Transporter completes e-g, Transporter II competes h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	j, Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. 11111	n
Driver Signature Shipment Date	n. Driver Signature Shipment Date
	or Completes a.d, destination site completes e-1)
a Site Name: King & Queen Landfill	<u> </u>
b. Physical Address: 4443 Iris RD	d. Mailing Address, 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the be	est of my knowledge the foregoing is true and accurate.
	···
f. Name of Authorized Agent Signature	Page 19 Date
	Receipt Date
	or Completes a.d. I.g. Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information;	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway	t are fully and accurately described above by proper shipping name and are classified, packed according to applicable international and national governmental regulations.
e. Operator's Name & Title:	
	OPERATOR'S* SIGNATURE



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 0125 ORIGINAL

tion GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
j. Description of Waste: Soil From surface water impoundments	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG OF WRAP
and bermed pit	T -TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment recidue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P POUNDS incited hazardous waste subject to the Land Disposal Y YARDS
	a-d Transporter completes e-g, Transporter II competes (n-n.)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name: Plack Till
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	Kichmond
c. Driver Name/Title: PRINT / TYPE	J. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
gShipment Date	n. Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
t hereby certify that the above named material has been accepted and to the best	
Name of Authorized Agent Signature	Receipt Date
tion IV ASBESTOS (Generator	Completes a-d.1-g. Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	re fully and accurately described above by proper shipping name and are classified, packed.
e. Operator's Name & Title:	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.	OTI ORIGINAL
No.	ORIGIN

	enerator Completes all of Section 1) b. Generating Location: Former Allied Chemical - Front Roya
a. Generator Name: Honeywell c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
j. Description of Waste: Soil	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T or WRAP T -TRUCK O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reservicions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal se requirements of 40 CFR Part 268 and is no longer a P - POUNDS Y - YARDS M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
	Shipment Date
On It TRANSPORTER (Generator Completes TRANSPORTER I	a-d,Transporter completes e-g, Transporter II competes h-n) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name: FLACH (LLL
b. Address: 17756 Colonial Port RD.	\
Dumfries, VA 22026	RIUWMA
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g	n
Driver Signature Shipment Date	Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
	· · · · · · · · · · · · · · · · · ·
f	
Name of Authorized Agent Signature	Receipt Date
ion IV ASBESTOS (Generator	Completes a-d, 1-g. Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	•
	re fully and accurately described above by proper shipping name and are classified, packed,
e. Operator's Name & Title: PRINT / TYPE	
	OPERATOR'S' SIGNATURE Date
t. Name and Address of Responsible Agency:	



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No. 0101 DOORIGINAL

on I GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE L I 8 Y 7 j. Description of Waste: Soil From surface water impoundments	TYPE TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BAG Or WRAP T - TRUCK
and bermed pit	O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, If the waste is a treatment recidus of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal te requirements of 40 CFR Part 268 and is no longer a M3. CUBIC METERS Y3. CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
ON II TRANSPORTER (Generator Completes TRANSPORTER I	a-d/Transporter completes e-g, Transporter II competes h-n:) TRANSPORTER II
a. Name: Reece Services, Inc.	n. Name: PLAW INC
ATTEC Colonial Dawl DD	
Dumfries, VA 22026	i. Address:
c. Driver Name/Title:	j. Driver Name/Title: PRIM / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:i. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
g. Shipment Date	n. Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
1.	
Name of Authorized Agent Signature	Receipt Date
ion IV ASBESTOS (Generator	Completes a-d, 1-g, Operator completes e)
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	re fully and accurately described above by proper shipping name and are classified, packed,
a Discretario Nome & Title:	
e. Operator's Name & Title: PRINT / TYPE f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 0120 2003

tion I GENERATOR (C	Generator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	t. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h, Owner's Phone No.:
L BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG B - BAH
j. Description of Waste: Soil From surface water impoundments	or WRAP
and bermed pit	T -TRUCK O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously researchions, I certify and warrant that the waste has been treated in accordance with the bazardous waste as defined by 40 CFR Part 281.	d is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
tion II TRANSPORTER (Generator Completes TRANSPORTER I	a-d_Transporter completes a-g_Transporter (I compates h-m) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b, Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	. I radioo:
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
c. Driver Name/Title: PRINT / TYPE d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: h. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
g.	n
Driver Signature Snipment Date	Driver Signature Shipment Date
	c. Phone No.: 800-785-2146
a. Site Name: Killig & Queen Landilli	c. Phone No.: 4443 Iris PD
b. Physical Address: 4443 Iris RD Little Plymouth, VA 23091	d. Mailing Address. 4443 Iris RD Little Plymouth, VA 23091
Little Flythouth, 4A 23031	Little Ciginouni, 17 2007
e. Discrepancy Indication Space:	•
I hereby certify that the above named material has been accepted and to the bes	it of my knowledge the foregoing is true and accorate.
f. Name of Authorized Agent Signature	Receipt Date
tion IV ASBESTOS (Generator	r Completes a-d, 1-g, Operator completes e)
a. Operator's* Name:	
c. Operators* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title: PRINT / TYPE	OPERATOR'S' SIGNATURE Date
Name and Address of Responsible Agency:	OPERATOR'S SIGNATURE Date
g. C Friable; C Non-friable, Both % friable	% non-friable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 0118 2879WAL

estion 1 GENERATOR (Senerator Completes 44 of Section 1
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	- 124 10 1/2/21
g. Owner's Name:	h. Owner's Phone No.;
i. BFI WASTE CODE J. Description of Waste: Soil	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG B - BA
From surface water impoundments and bermed pit	BA - 6 MIL PLASTIC BAG or WRAP T - TRUCK O - OTHER
QENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reservictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 281.	I is in proper condition for transportation according to p - POUNDS stricted hazardous waste subject to the Land Disposal v - vapps
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER I	a di Tansporter complete e qui appeter fi competer fi existe il TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name: Plack Thee
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	Richmond
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE k. Phone No.: i. Truck No.:
d. Phone No.: 703-441-0999 e. Truck No.:	
f. Vehicle License No./State:	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
	Sompletes and desunation sits completes of
	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
a Disconney Indication Canaci	
e. Discrepancy Indication Space:	to first translation the forester in two and politicate
I hereby certify that the above named material has been accepted and to the bes	t or my knowledge the foregoing is true and accurate.
t	
Name of Authorized Agent Signature	Receipt Date
ction IV ASBEST GS (Senerator	Completes a.d, I-g. Operator completes e)
a. Operator's* Name:	b. Operators* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
marked, and labeled, and are in all respects in proper condition for transport by highway a	are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title:	
f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date
g. Friable; Non-friable; Both % friable 9	% non-friable

BFI BFI

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, Π , Π I and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and Π

No. 0930 ORIGINAL

ction I GENERATOR (Generator Completes all of Section 1)
a. Generator Name: Honeywell	
104 Columbia Bood	
Morristown, NJ 07960	Front Royal, VA 22630
V	
e. Phone No.: 973-455-6719 where of the generating facility differs from the generator, provide:	f. Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
/	Containers TYPE
I. BFI WASTE CODE	DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k, Quantity Units No. TYPE BA 6 MIL. PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	nd is in proper condition for transportation according to particised hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a Mac CUBIC METERS Y3 - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
CTION II TRANSPORTER (Generator Completes TRANSPORTER I	sa-d,Transporter completes e-g, Transporter II competes h-n,) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	
Dumfries, VA 22026	i. Address:
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 , e. Truck No.:	· ·
f. Vehicle License No./State: 18 409 Va	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
	1,
g. Driver Signature Shipment Date	Driver Signature Shipment Date
	r Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the be-	st of my knowledge the foregoing is true and accurate.
	···
Name of Authorized Agent Signature	
	Receipt Date
	γ Completes a.d. I-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway	are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title:	
PRINT / TYPE	OPERATOR'S SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No. 0940 ORIGINAL

a. Generator Name: Honeywell	Francis Allied Observed Frank Devel
404 Calumbia Dan-	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	TYPE DM - METAL DRUM
J. Description of Waste; Soil	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T or WRAP T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	nd is in proper condition for transportation according to p pounds setricized hazardous waste subject to the Land Disposal v vapra
Generator Authorized Agent Name Signature	Shipment Date
ion II TRANSPORTER (Generator Completed TRANSPORTER I	s a d,Transporter completes e.g., Transporter II competes t⊷ri) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title:
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: I. Truck No.:
1. Vehicle License No./State: 118455	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g	n. Driver Signature Shipment Date
Driver Signature Shipment Date	Driver Signature Shipment Date
	r Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	<u> </u>
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the be	est of my knowledge the foregoing is true and accurate.
	···
f. Name of Authorized Agent Signature	
	Receipt Date
	or Completes a-d _x 1-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	***************************************
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway	t are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
······································	
e. Operator's Name & Title:	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST GINAL If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III. No.

MIN GENERATOR	ionerator Completes #F of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	•
g. Owner's Name:	h. Owner's Phone No.;
L I 8 Y 7	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG
J. Description of Waste: Soil	k Quantity Units No. TYPE BA -6 MIL PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reflections, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	I is in proper condition for transportation according to P POUNDS stricted hazardous waste subject to the Land Disposal Y YARDS
	a-call and senter completes eng. Transporter il scorpatischen)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	,
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: i. Truck No.:
f, Vehicle License No./State:	m. Vehicle License No./State: /// -2/6/
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
	$\sqrt{12/2}$
Driver Signature Shipment Date	Driver Signature Shipment Date
entil DESTINATION (Senerator	Completes a-d, destination alte completes of
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	- d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accurate.
	*
f. Name of Authorized Agent Signature	
	Receipt Date
	Completes a.d. (46) Operator completes et
a. Operator's* Name:	·
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment of marked, and labeled, and are in all respects in proper condition for transport by highway a	are fully and accurately described above by proper shipping name and are classified, packed, coording to applicable international and national governmental regulations.
e. Operator's Name & Title: PRAIT / TYPE	
,	OPERATOR'S SIGNATURE Deta



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

2000 VAL

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	End 10 183 1211
g. Owner's Name:	h: Owner's Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T T OT WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously ref. Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	d is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal V - VAPOS
Generator Authorized Agent Name Signature	Shoment Date
	and Transporter completes e.g. thereporter Proprietoring
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name: MANNING
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Thie:
PRINT / TYPE	PRINT / TYPE
f. Vehicle License No./State:	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Acknowledgement of Receipt of Materials.	· · · · · · · · · · · · · · · · · · ·
g. Driver Signature Shipment Date	Driver Signature Shipment Date
	Driver Signature Shipment Date Compliates and description (file completes and)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
4440.1.1.77	
b. Physical Address: 4443 Iris RD Little Plymouth, VA 23091	d. Malling Address. 4443 Iris RD Little Plymouth, VA 23091
Little Flyfflodtii, VA 23091	Little Flymouti, VA 23031
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	at of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
S-100-100-100-100-100-100-100-100-100-10	
	Completes and Jing. Operator completes ep
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	are fully and accurately described above by proper shipping name and are classified, packet according to applicable international arid national governmental regulations.
e. Operator's Name & Title:	
PRINT / TYPE	OPERATOR'S" SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

SPIGNAL

Morristown, NJ 07960 e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide: g. Owner's Name: I. BFI WASTE CODE J. Description of Waste: Soil From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a first any applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, If the waste is a treatment residue of a previously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the inhezardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature TRANSPORTER I	in proper condition for transportation according to p POUNDS
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide: g. Owner's Name: L. BFI WASTE CODE L. I. 8 Y. 7 J. Description of Waste: Soil From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hary applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, If the waste is a treatment residue of a previously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the inhazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature TRANSPORTER I	f. Phone No.: h. Owner's Phone No.: 1 3 8 8 9
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide: g. Owner's Name: L I 8 Y 7 Description of Waste: Soil From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a first any applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, If the waste is a treatment residue of a previously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the inhazardous waste as defined by 40 CFR Pan 261. Generator Authorized Agent Name Signature TRANSPORTER I	h. Owner's Phone No.: 1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG OF WRAP TO TRUCK OOTHER DM - METAL DRUM DP - PLASTIC DRUM B - BAG OF WRAP TO TRUCK OOTHER DM - METAL DRUM DP - PLASTIC DRUM B - BAG OF WRAP TO TRUCK OOTHER DM - METAL DRUM DP - PLASTIC DRUM B - BAG OF WRAP TO TRUCK OOTHER UNITS P - POUNDS OF TRUCK OOTHER DESCRIPTION OF TRUCK OOTHER UNITS P - POUNDS OF TRUCK OOTHER DESCRIPTION OF TRUCK OOTHER Shipment Date DESCRIPTION OF TRUCK OOTHER DESCRIP
If owner of the generating facility differs from the generator, provide: g. Owner's Name: L. BFI WASTE CODE L. I 8 Y 7 J. Description of Waste: Soil From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a harry applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, If the waste is a treatment residue of a previously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the measurement residue of a previously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the measurement residue of a previously restrict Restrictions. J. Certify and warrant that the waste has been treated in accordance with the measurement residue of a previously restrict Restrictions. J. Certify and warrant that the waste has been treated in accordance with the measurement residue of a previously restrict Restrictions. J. Certify and warrant that the waste has been treated in accordance with the measurement residue. Generator Authorized Agent Name Signature TRANSPORTER I	h. Owner's Phone No.: 1 3 8 8 9
J. Description of Waste: Soil From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a large applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, if the waste is a treatment residue of a proviously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the rehazardous waste as defined by 40 CFR Part 261. Generator Authoritzed Agent Name Signature TRANSPORTER I	Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG Or WRAP T - TRUCK O - OTHER Mazardous waste as defined by 40 CFR Part 261 or In proper condition for transportation according to the hazardous waste subject to the Land Disposal requirements of 40 CFR Part 268 and is no longer a Shipment Date TRANSPORTER II
J. Description of Waste: Soil From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hary applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, if the waste is a treatment residue of a previously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the inhazardous waste as defined by 40 CFR Pan 261. Generator Authorized Agent Name Signature TRANSPORTER I	M - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL - PLASTIC BAG or WRAP T - TRUCK O - OTHER hazardous waste as defined by 40 CFR Part 281 or in proper condition for transportation according to the hazardous waste subject to the Land Disposal requirements of 40 CFR Part 288 and is no longer a WINITS Y - POUNDS Y - YARDS M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER Shipment Date A transporter Configures as a Management of the Configures as a Cubic Meters TRANSPORTER II
From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hany applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, if the waste is a treatment residue of a proviously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the rehazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature TRANSPORTER I	k. Quantity Units No. TYPE 1 1 1 T hazardous waste as defined by 40 CFR Part 261 or in proper condition for transportation according to check hazardous waste subject to the Land Disposal requirements of 40 CFR Part 268 and is no longer a Shipment Date 4 Transporter Completes and Knapporter (Assessment States) TRANSPORTER II
From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hany applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, if the waste is a treatment residue of a proviously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the rehazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature TRANSPORTER I	hazardous waste as defined by 40 CFR Part 261 or in proper condition for transportation according to the hazardous waste subject to the Land Disposal requirements of 40 CFR Part 268 and is no longer a Shipment Date Shipment Date TRANSPORTER II
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a lany applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, if the waste is a treatment residue of a previously restrict Restrictions, I certify and warrant that the waste has been treated in accordance with the inhezerdous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature TRANSPORTER I	In proper condition for transportation according to the hazardous waste subject to the Land Disposal requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER Shipment Date TRANSPORTER II
OR I TRANSPORTER (Completes as	4 Transporter complines e.g. (Samporter (aromoster int.) TRANSPORTER II
TRANSPORTER I	TRANSPORTER II
a Name: Reece Services, Inc.	h. Name: 1EACE
	
ATTEC OFFICIAL DOMAND	i. Address:
Dumfries, VA 22026	
	j. Driver Name/Title:
PRINT / TYPE	j. Driver Name/Title: PRINT/TYPE k. Phone No.: L. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
9. Driver Signature Shipment Date	Driver Signature Shipment Date
	onglebas a-d, destruction the accordence of
	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best of	f my knowledge the foregoing is true and accurate.
<u>.</u>	L. Transferritation of the control o
f,	
Name of Authorized Agent Signature	Receipt Date
ign IV ASBESTOS (Generator Co	ompleter and Ang Operator completes et
a. Operator's* Name:	b. Operators* Phone No.:
c. Operators* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CENTIFICATION: I hereby declare that the contents of this consignment are fi marked, and labeled, and are in all respects in proper condition for transport by highway according to the contents of this consignment are financially according to the contents of this consignment are financially according to the contents of this consignment are financially according to the contents of this consignment are financially according to the contents of this consignment are financially according to the contents of this consignment are financially according to the contents of this consignment are financially according to the contents of this consignment are financially according to the contents of this consignment are financially according to the contents of t	
e. Operator's Name & Title:	
Operator's Name & Title: PRINT / TYPE f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date



If waste is aspestos waste, complete Sections 1, II, III and IV. If waste is \underline{NOT} aspestos waste, complete only Sections I, II and III.

No.

2053 PRIGINAL

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.j.
If owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.: 410 182 1911
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k: Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res. Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	this in proper condition for transportation according to p. POUNDS stricted hexardous waste subject to the Land Disposal V. Valence
Generator Authorized Agent Name Signature	Shipment Date
	Ast/Terreporter completes est, literature tor il sur peceri (t-1) TRANSPORTER II
TRANSPORTER I	h. Name:
a. Name: Reece Services, Inc.	•
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
G Shipment Date	Driver Signature Shipment Date
enall TESTINATION Georgeto	Completes are, desuminar sing completes as to
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	st of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
ion IV ASBEST OS (Generalo	r Completes and Eq. Operator completes th
a. Operator's* Name:	
d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway.	are fully and accurately described above by proper shipping name and are classified, packed according to applicable international and national governmental regulations.
And the state of t	
e. Operator's Name & Inte:	OPERATOR'S SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

2 (PSGINAL

	enerator Completes all of Section 1)
a. Generator Name: Honeywell	
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
if owner of the generating facility differs from the generator, provide:	h Owners Phone No. 419 182 1841
g. Owner's Name:	Contribution TOPE
I. BFI WASTE CODE	DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Soil From surface water impoundments	R. Guantity Units NO. THE BA -6 MIL. PLASTIC BAG OF WRAP T - TRUCK O - OTHER
and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not	· · · · · · · · · · · · · · · · · · ·
any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P POUNDS
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER (Generator Completes TRANSPORTER I	a-d, finnsporter completes a-g, fiscosporter II particular (incl.) TRANSPORTER II
a Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	1. 700(100)
	I Polyan Maria (PMa)
c. Driver Name/Title: PRINT / TYPE d. Phone No.: 703-441-0999 e. Truck No.:	J. Driver Name/Title: PRINT TYPE
	m. Vehicle License No./State:
f. Vehicle License No./State:	Acknowledgement of Receipt of Materials.
	. 2
g. Driver Signature Shipment Date	Driver Signature Shipment Date
	Completes a-d, destination after completes e-q
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accurate.
	<u> </u>
f. Name of Authorized Agent Signature	Receipt Date
	Someletin 1-3 1-g Operator completos o
a. Operator's* Name:	
c. Operators* Address:	
d. Special Handling Instructions and additional information:	· · · · · · · · · · · · · · · · · · ·
	are fully and accurately described above by proper shipping name and are classified, packed
e. Operator's Name & Titte: PRINT / TYPE	ППП
f. Name and Address of Responsible Agency:	OPERATOR'S SIGNATURE Date
g. 🗆 Friable; 🗆 Non-triable; 🗀 Both% friable	% non-friable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

From surface water impoundments and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal P POUNDS P YARDS P YARDS P YARDS P YARDS P CUBIC METERS P CUBIC P		mentor Completes all of Section 1)
Morristown, NJ 07960 E. Phone No.: 973-455-6719 I. Phone No.: 973-455-6719 I. Phone No.: 1	• •	
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide: Downer's Name:		
It cowner of the generating facility differs from the generator, provide: g. Owner's Name: BRIWASTE CODE LIBS Y7 Description of Weste: Soil Description of Weste: Soi		
g. Owner's Name: 1. BFI WASTE CODE 1. 13 3 8 9 Containers Description of Waste: Soil From surface water impoundments and bermed pit CENERATORS CERTIFICATION: I nearby certify that the above named material is not a haracteau waste as defined by 40 CFR part 281 or 17 CFR part of the state of the previously practical defined by 40 CFR part 281 or 17 CFR part of the state is a proper controlled for the previously practical in proper condition for transportial or for bringer in the previously practical in proper condition for the previously practical in proper condition for the previously practical in proper condition of the previously practical in proper condition for the previously practical in proper condition of the previously practical proper in proper condition of the previously practical proper in proper condition of the previously institute in proper condition of t		
L BF WASTE CODE L I I 8 Y 7 L I 3 8 8 9 Containers L Guartity Units No. TYPE From surface water impoundments and bermed pit GENERATIONS CERTIFICATIONE. I hereby cortily that the above named material is not a histardous waters as defined by 40 CFR Part 281 or TRUCK O' O'THER BUNDS BUNDS FRANCE BARD TRANSPORTER II A Name: Reece Services, Inc. D Address: TRANSPORTER II A Name: Reece Services, Inc. D Address: D PROVINCE TRANSPORTER II A Name: Reece Services, Inc. D Address: D PROVINCE TRANSPORTER II D PROVINCE TRANSPORTER II D PROVINCE TRANSPORTER II A Name: Recece Services, Inc. D Address: D PROVINCE TRANSPORTER II D PROVINCE TRANSPORTER II A Name: Recece Services, Inc. D Address: D PROVINCE TRANSPORTER II D PROVINCE D		h. Owner's Phone No.:
L BRI WASTE CODE Description of Waste: Soil		TOP TOP
Description of Wester Story Desc	I. BFI WASTE CODE	1 3 8 8 9 DM - METAL DRUM
and bermed pit GENERATOR'S CERTIFICATION: I haveby certify that the above named material is not a hexardous waste as defined by 40 CFR part 281 or cry applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation secretary to applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation secretary to applicable regulations; AND, if the vaste is as a systement reading of a previously restricted hexardous waste adoject to the stand Disposal Part 2018 of the control of the control and part 2018 of the control of t	J. Description of Waste: Soil	BA - 6 MIL. PLASTIC BAG
CENTRATORS CERTIFICATION. I hearby certify that the above named material in tax is hearedone wash as defined by 40 CPR Part 281 or populations properly described, classified and packaging, and is in proper condition for transposition in control to applicable regulations; AND, if the waster is a typesment mediture of a previously restricted hexardous waste subject to the Land Disposes hexardous waster as defined by 40 CPR Part 281. The proper of the package of the pa		THE TRUCK
as Site Name: King & Queen Landfill b. Physical Address: 4443 Iris RD Little Plymouth, VA 23091 c. Operator's Name: 4443 Iris RD Little Plymouth, VA 23091 c. Operator's Name: 4443 Iris RD Little Plymouth, VA 23091 c. Operator's Name: 5. Operator's Name: 6. Operator's Name 6. Operator's Name: 6. Operator's Name: 7. Operator's		
Generator Authorized Agent Name Signature Shipment Date TRANSPORTER I A Name: Reece Services, Inc. b. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title: Plant Profit Name No.: 703-441-0999 e. Truck No.: L. Truck No.: L. Truck No.: L. Truck No.: M. Vehicle License No./State: Acknowledgement of Receipt of Materials. Diver Signature Shipment Date THE DATE IN JOHN Symmet Date THE DATE IN JOHN Symmet Date The Physical Address: 4443 Iris RD Little Plymouth, VA 23091 e. Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. No perator's Phone No.: Signature Signature Signature Receipt Office Signature Signature Shipment Date S	any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 281.	is in proper condition for transportation according to incided hazardous waste subject to the Land Disposal or requirements of 40 CFR Part 268 and is no longer a W3 - CUBIC METERS Y3 - CUBIC YARDS
TRANSPORTER I a. Name: Reece Services, Inc. b. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title:	300 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Shipment Date
a. Name: King & Queen Landfill b. Physical Address: Address:		
D. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title: PRINT/TYPE d. Phone No.: 703-441-0999 Filter / TYPE Destrict / Type / Ty	50	
Dumfries, VA 22026 c. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: 2 f. Vehicle License No./State: Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Acknowledgement of Receipt of Materials. Diver Signature Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Diver Signature Acknowledgement of Receipt of Materials.	· · · · · · · · · · · · · · · · · · ·	
C. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: 2 t. Vehicle License No/State: d. Acknowledgement of Receipt of Materials. g. Driver Signature Disstrict Date Shipment Date C. Phone No.: 800-785-2146 b. Physical Address: 4443 Iris RD Little Plymouth, VA 23091 c. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. ASRCSTUS Contravers Contribute St. 1 Discrepancy Indication Space: A SPECIAL SCREEN St. 1 Discrepancy Indication Space: A SPECIAL SCREEN St. 1 Discrepancy Indication Space: A SPECIAL SCREEN St. 1 Discrepancy Indication Space: Discrepancy Indication Space: A SPECIAL SCREEN St. 1 Discrepancy Indication Space: Discrepancy		i. Address:
d. Phone No.: 703-441-0999 e. Truck No.:		
d. Phone No.: 1. Truck No.: I. Truck No.: I. Truck No.: I. Vehicle License No./State: Acknowledgement of Receipt of Materials. Diver Signature Shipment Date Shipment Dat	* PART / TYPE *** }	j. Driver Name/Title: PRINT/TYPE
Acknowledgement of Receipt of Materials. Bottom Composition Compo	d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:i. Truck No.:
Acknowledgement of Receipt of Materials. Bottom Composition Compo	f. Vehicle License No./State:	
a. Site Name: King & Queen Landfill c. Phone No.: 800-785-2146 b. Physical Address: 4443 Iris RD d. Mailing Address. 4443 Iris RD Little Plymouth, VA 23091 Little Plymouth, VA 23091 e. Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment ere fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S GRANTURE Dete t. Name and Address	Acknowledgement of Hecelpt of Materials.	Acknowledgement of Receipt of Materials.
a. Site Name: King & Queen Landfill c. Phone No.: 800-785-2146 b. Physical Address: 4443 Iris RD d. Mailing Address. 4443 Iris RD Little Plymouth, VA 23091 Little Plymouth, VA 23091 e. Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment ere fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S GRANTURE Dete t. Name and Address		n. Drive Steedure
a. Site Name: King & Queen Landfill c. Phone No.: 800-785-2146 b. Physical Address: 4443 Iris RD d. Mailing Address. 4443 Iris RD Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date ASPESTOS (commencer Completences), Fg. Expansion Completences c. Operator's* Name: b. Operator's* Phone No.: C. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT/TYPE OPERATOR'S GIGHATURE Date 1. Name and Address		
b. Physical Address: Little Plymouth, VA 23091 e. Discrepancy indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Beceipt Date ASHESTOS (Commence Completes and Log Cippedia and Log Cippe	Ving 9 Oyean Landfill	
Little Plymouth, VA 23091 e. Discrepancy Indication Space: li hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date ASIGNSTUS (Centerator Completies and Fig. Operator completies etc.) a. Operator's* Name: b. Operator's* Phone No.: C. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CENTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. PRINT / TYPE OPERATOR'S SIGNATURE Date 1. Name and Address		
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper ehipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. PRINT / TYPE OPERATOR'S SIGNATURE Date 1. Name and Address	Little Plymouth, VA 23091	Little Plymouth, VA 23091
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Asides to support the support of th		
Name of Authorized Agent ASHESTOS (Genterator Completies and, (-g. Dipositor completies at a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S SIGNATURE Date 1. Name and Address		of my knowledge the foregoing is true and accurate.
a. Operator's* Name:		
a. Operator's* Name:	f.	
a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address		
C. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address		
d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S' SIGNATURE Date f. Name and Address		•
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address		
e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date f. Name and Address		
f. Name and Address	OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are marked, and labeled, and are in all respects in proper condition for transport by highway according to the contents of this consignment are	e fully and accurately described above by proper chipping name and are classified, packed cording to applicable international and national governmental regulations.
f. Name and Address	e. Operator's Name & Title:	
	***	CREMATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generation facility differs from the generator provide:	
g. Owner's Name:	h. Owners Phone No.:
L I 8 Y 7	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	k. Quantity Units No. TYPE B - BAG BA - 6 MIL PLASTIC BAG
From surface water impoundments	1 T T OR WRAP T TRUCK
and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rea Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	a hazardous waste as defined by 40 CFR Part 261 or is in proper condition for transportation according to p - POUNDS interest hazardous waste subject to the Land Disposal v - VADDS
Generator Authorized Agent Name Signature	Shipment Date
	e-d frangporter somplered eag Afrangporter (Fedgrades Ref)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Driver Signature Shipment Date	Driver Signature Shipment Date
	Commisters a. a. destination alto commisses 3)
a. Site Name: King & Queen Landfill	
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
	÷
f. Name of Authorized Agent Signature	
	Receipt Date
	Comprehensive, 1-a, Operator completes ey
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTEFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packed, coording to applicable international and national governmental regulations.
	OPERATOR'S* SIGNATURE DOGS
e. Operator's Name & Title:	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOI} asbestos waste, complete only Sections I, II and III.

No.

154

	enorator Completes all of Section 1	
a. Generator Name: Honeywell	b. Generating Location: Former Allied CI	
c. Address: 101 Columbia Road	d. Address: Kendrick Lane	Work Site
Morristown, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973-455-6719	f. Phone No.:	
If owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.: A 10 10 2	12/1
g. Owner's Name:		
i. BFI WASTE CODE	1 3 8 8 9 Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	k Quantity Units No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments	1 T	or WRAP
and bermed pit		O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residenticions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal re requirements of 40 CFR Part 268 and is no longer a	P - POUNDS Y - YARDS M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	\ Shipment Date	
TRANSPORTER I	a-d Transporter computation of Transporter TRANSPORTER I	
a. Name: Reece Services, Inc.	h. Name:	
b. Address: 17756 Colonial Port RD.	i. Address:	
Dumfries, VA 22026		
Oct on Mana Pilla.	1 Driver Name/Title	
d. Phone No.: 703-441-0999 e. Truck No.:	j. Driver Name/Title: PRE	NT/TYPE
1. Vehicle License No./State:	m. Vehicle License No./State:	to make tweet
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Material	S.
S. TOWN OF	n	
Driver Signature Shipment Date	Driver Signature	Shipment Date
	Completes a-d, destination the completes:	
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146	
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD	
Little Plymouth, VA 23091	Little Plymouth, V	A 23091
e. Discrepancy indication Space:		
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accura	t e.
	· ————————————————————————————————————	
f. Name of Authorized Agent Signature	Receipt Date	
SERION W ASBESTOS (Generale)	Sampletos a-C. Top. Species completos o	
a. Operator's* Name:	b. Operator's* Phone No.:	
c. Operators* Address:		
d. Special Handling Instructions and additional Information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a		
marked, and labeled, and are in all respects in proper condition for transport by highway a	ccoroing to applicable international and national government	FIRE FEGURESONS.
e. Operator's Name & Title: PRINT / TYPE	OPERATOR'S* SIGNATURE	Date
f. Name and Address of Responsible Agency:		··
g. Friable; Non-friable; Both % friable 9	6 non-friable	



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

206AGHAZIL

	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	n. Owner's Phone No. 10 182 13/
g. Owner's Name:	
i. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG B
j. Description of Waste: Soil	R. COMPANY STATE BAG OF WRAP
From surface water impoundments and bermed pit	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the weste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to ricted hazardous waste subject to the Land Disposal e requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS Y3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
EGUIDO II. TRANSPORTER (Generator Completes TRANSPORTER I	a d'Aranaporter complicate a la Transporteri (comparas fras). TRANSPORTER //
	Mark a male
a. Name: Reece Services, Inc.	
b. Address: 17756 Colonial Port RD.	· i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	J. Driver Name/Title:
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: I. Truck No.;
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
o	n. Driver Signature Shipment Date
Driver Signature Shipment Date Exchigun III Generatiti	Computers and demanding the computers of
a. She Name; King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	0140 -
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate. FLAT TUC- MA MAT LOAD Receipt Date. FURMANT NOAD.
	A. M. mot load.
Name of Authorized Agent Signature	Receipt Date Fur mil with which
estion IV ASBEST (General)	Completes and Fig. Operator completes a).
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operators* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packed, coording to applicable international and national governmental regulations.
e. Operator's Name & Title:	OPERATOR'S' SIGNATURE
f. Name and Address of Responsible Agency:	OPERATOR'S SIGNATURE Date
g. Friable; Non-friable; Both % friable % *Operator refers to the company which owns, leases, operates, controls, or supervises the	s non-friable facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

PRIGINAL

ection L GENERATOR (Generator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE J. Description of Waste: Soil	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG B - BA
From surface water impoundments and bermed pit	BA - 6 MIL. PLASTIC BAG or WRAP T TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reflections, I certify and warrant that the waste has been treated in accordance with hezardous waste as defined by 40 CFR Part 261.	d is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a M3- CUBIC METERS Y3- CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER (Generator Completes TRANSPORTER I	a=d,Transporter completes e-g, Transporter II competes h-n) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	
Dumfries, VA 22026	i. Address:
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 703-441-0999 e. Truck No.:	
Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9	n. Driver Signature Shioment Date
Driver Signature Shipment Date Ction 111 DESTINATION (Generato)	Driver Signature Shipment Date r Completes a-d, destination sife completes a-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the be-	st of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
ction IV ASBESTOS (Generato	r Completes a-d. f-g, Operator completes ej
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	are fully and accurately described above by proper shipping name and are classified, pecked, according to applicable international and national governmental regulations.
e. Operator's Name & Title:	
f. Name and Address	OPERATOR'S* SIGNATURE Date
	% non-friable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

2046 ORIGINIA

a Honouvoli	b. Generating Location: Former Allied Cher	mical - Front Royal
a. Generator Name: Honeywell c. Address: 101 Columbia Road	d. Address: Kendrick Lane	
Morristown, NJ 07960	Front Royal, VA 22630	WOIR Site
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide:	f. Phone No.:	
g. Owner's Name:	h. Owner's Phone No.: 40 102	1911
	Containers	TYPE
L BFI WASTE CODE	1 3 8 8 9 1	M - METAL DRUM
j. Description of Waste: Soil	Quantity linin No TVOS B	- BAG A - 6 MIL. PLASTIC BAG
From surface water impoundments		or WRAP - TRUCK
and bermed pit	<u>-</u> -	OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state taw, has been properly described, classified and packaged, and	d is in proper condition for transportation according to p	- POUNDS
applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with	the requirements of 40 CFR Part 288 and is no longer a. N	YARDS 13 - CUBIC METERS
hazardous waste as defined by 40 CFR Part 261.		3 - CUBIC YARDS - OTHER
Generator Authorized Agent Name Signature	Shipment Date	
Generall TRANSPORTER (Generalizer Cerestrates	4-4 Tentroper Consultation Consultation	
TRANSPORTER I	TRANSPORTED II	
a. Name: Reece Services, Inc.	h. Name: PROWA	
b. Address: 17756 Colonial Port RD.	I. Address:	
Dumfries, VA 22026		
c. Driver Name/Title:]. Driver Name/Title: PRINT /	
d. Phone No.: 703-441-0999 e. Truck No.:		TYPE Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State: 109-9	71 14
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.	
	1 n. X / M (4)	7511007
Driver Signature Shipment Date	Driver Signature	Shipment Date
on III DESTINATION (Semerates	. Completive and, the stimulian affection parties of the	
a Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146	
b. Physical Address: 4443 Iris RD	· · · · · · · · · · · · · · · · · · ·	
Little Plymouth, VA 23091	Little Plymouth, VA	23091
e. Discrepancy indication Space:		
I hereby certify that the above named material has been accepted and to the be-	st of my knowledge the foregoing is true and accurate.	
	÷	
f. Name of Authorized Agent Signature	Receipt Date	
	Complicaes at U. Fig. Operator scraphicaes of	
a. Operator's* Name:	b. Operator's* Phone No.:	
c. Operator's* Address:		
d. Special Handling Instructions and additional information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway		
a Discussional Lieuwa D Tibles		
e. Operator's Name & Title:	OPERATOR'S SIGNATURE	Deta



If waste is asbestos waste, complete Sections I, Π , Π and Π . If waste is <u>NOT</u> asbestos waste, complete only Sections I, Π and Π I.

No.

2028GI

- Hanasavall	enerator Completes all of Section 3) b. Generating Location: Former Allied Chemical - Front Royal
a. Generator Name: Honeywell	
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide:	f. Phone No.:
	h. Owners Phone No.:
g. Owner's Name:	
L I 8 Y 7	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	T - TRUCK
any applicable state taw, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 281. Generator Authorized Agent Name Signature	ricted hazardous waste subject to the Land Disposal Y . YARDS
TRANSPORTER I	TO A MAD A DETERMINE
a Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
a Dahara Nama Filiba	j. Driver Name/Title:
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: PRINT / TYPE I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State: 43,74,5
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
a Marin Later Tilday	1 3 1/ 1/ 15
Driver Signature Shipment Date	Driver Signature Shipment Date
	Completes a.c. destination rate sometimes a 11
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Malling Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
1.	
Name of Authorized Agent Signature	Receipt Date
on W ASBESTOS (Semerator)	Competes aid, Fig. Operator condictos ej
a. Operator's* Name:	b. Operators* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are marked, and labeled, and are in all respects in proper condition for transport by highway ac	 b fully and accurately described above by proper shipping name and are classified, packed cording to applicable international and national governmental regulations.
e. Operator's Name & Title: PRINT / TYPE	
	OPERATOR'S' SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	h. Owners Phone No.: 4 2 18 2 19 11
g. Owner's Name:	h. Owners Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	k. Quantity Units No. TYPE B BAG BA 6 MILL PLASTIC BAG
From surface water impoundments and bermed pit	1 T T T T T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to p - POUNDS
Generator Authorized Agent Name Signature	Shipment Date
	a d. Transporter completes e.g. Transporter (Frantischer)
TRANSPORTER I a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	I. Aduress.
C. Driver Name/ 1106.	J. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:
Vehicle License No./State: Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Acknowledgement of necespt of waterials.	Acknowledgement of the corpt of materials.
g. Shipment Date	n. Driver Signature Shipment Date
	Completes and destination sterchagletes with
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
	
f, Name of Authorized Agent Signature	Receipt Date
	Completes v. O. f. g. Aporator completes ej
a. Operator's* Name:	b. Operator's* Phone No.:
p. Operator's* Address:	
d. Special Handling Instructions and additional Information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a	re fully and accurately described above by proper shipping name and are classified, packe
marked, and labeled, and are in all respects in proper condition for transport by highway a	ccording to applicable international and national governmental regulations.
PRINT / TYPE	OPERATOR'S' SIGNATURE Date
f. Name and Address	\mathcal{L}^{\prime}



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

	merator Completes all of Rection 1)
Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
. Address: 101 Columbia Road	
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
if owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.:
g. Owner's Name:	
I. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
Description of Waste: Soil	k. Quantity Units No. TYPE BA - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	T -TRUCK O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	s in proper condition for transportation according to lotted hazardous waste subject to the Land Disposal requirements of 40 CFR Part 288 and is no longer a M3 - CUBIC METERS Y3 - CUBIC YARDS
Generator Authorized Agent Name Signature	O - OTHER
	Shipment Date
TRANSPORTER I	d Transporter sometimes transporter it continues (Fe) TRANSPORTER II
a. Name; Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i, Address:
Dumfries, VA 22026	I. Address.
C. Drivet Name/Title:	j. Driver Name/Title: PAINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No /State: Acknowledgement of Receipt of Materials.
Acknowledgement of Receipt of Materials.	
9	n. Driver Signature Shipment Date
Driver Signature Shipment Date DESTINATION (Generator)	Universignature Shipman Shipman Shipman Lates Complicate and Geographic Shipman Shipman Lates Complicate and Geographic Shipman Shipman Lates Complicate and Geographic Shipman Lates Complicate and Geographic Shipman Lates Complicate and Geographic Complicate and Complicate C
King 9 Ouege Landfill	c. Phone No.: 800-785-2146
at one region	d. Mailing Address. 4443 Iris RD
b. Physical Address: 4443 Iris RD Little Plymouth, VA 23091	Little Plymouth, VA 23091
	The state of the s
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
on IV ASBESTOS (Generator)	Completed and, fry, Operator completes d
a. Operatoris* Name:	b. Operator's* Phone No.:
c. Operators* Address:	
d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are	e fully and accurately described above by proper shipping name and are classified, packe
e. Operator's Name & Title:	этогону и аррисацие интеrnaциям али павиона доченняели гедивиона.
PRINT / TYPE	OPERATOR'S' SIGNATURE Date
f. Name and Address	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST ORIGINAL If waste is asbestos waste, complete Sections I, II, III and IV. No. 2042

If waste is NOT asbestos waste, complete only Sections I, II and III.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	101 - 101 -
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	The state of the s
g. Owners Name:	h. Owners Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k Quantity Units No. TYPE BA - BAG BA - 6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	T -TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to pricted hazardous waste subject to the Land Disposal y - YARDS are requirements of 40 CFR Part 288 and is no longer a M3 - CUBIC METERS Y3 - CUBIC YARDS
- CHESEDER 60	O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER I	*41 Transporter completes a 4 Transporter (Fcompates to a) TRANSPORTER II
a Name: Reece Services, Inc.	h. Name: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	1. Debug Niego (Title)
c. Driver Name/Title: PRINT/TYPE	j. Driver Name/Title: PRINT/TYPE k. Phone No.: I. Truck No.:
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:
Vehicle License No./State: Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Driver Signature Shipment Date	n. Driver Signature Shipment Date
	Completes of Costonation sto Earth believe ()
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the farmagine is true and makingto
Triaignly Califix district and a trained marcing has been accepted and to alle past	or my knownedge are roregoing to due and according.
<u> </u>	
Name of Authorized Agent Signature	Receipt Date_
ion (V ASBEST OS (Generator	Completes and Eg. Omerator completes ep
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment an marked, and labeled, and are in all respects in proper condition for transport by highway ac	e fully and accurately described above by proper shipping name and are classified, packed, scording to applicable international and national governmental regulations.
s. Operator's Name & Title:	
f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date
	non-friable



if waste is asbestos waste, complete Sections I, II, III and IV.

No.

ORIGINAL

If waste is NOT asbestos waste, complete only Sections I, II and III. GENERATOR (Generator Completes all of Section 1) b. Generating Location: Former Allied Chemical - Front Royal a. Generator Name: Honeywell c. Address: 101 Columbia Road d. Address: Kendrick Lane Work Site Front Royal, VA 22630 Morristown, NJ 07960 e. Phone No.: 973-455-6719 f. Phone No.: If owner of the generating facility differs from the generator, provide: h. Owner's Phone No.: g. Owner's Name: Containers 8 7 3 8 8 DM - METAL DRUM I. BFI WASTE CODE DP - PLASTIC DRUM - BAG В 6 MIL. PLASTIC BAG or WRAP Quantity No i. Description of Waste: Soil BΑ From surface water impoundments - TRUCK - OTHER O and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS Restrictions, I certify end warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 258 and is no longer a M3 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261. Y3 - CUBIC YARDS O - OTHER Signature Generator Authorized Agent Name Shipment Date TRANSPORTER (Generator Completes a-d, Transporter completes e-g, Transporter II competes (i-n.) TRANSPORTER I a Name: Reece Services, Inc. h. Name: b. Address: 17756 Colonial Port RD. i. Address: **Dumfries. VA 22026** j. Driver Name/Title: c. Driver Name/Title: d. Phone No.: 703-441-0999 k. Phone No.: I. Truck No.: e. Truck No.: m. Vehicle License No./State: 1. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Driver Signature Driver Signature Shipment Date Shioment Date Section III DESTINATION (Generator Completes a-d, destination site completes e-f) c. Phone No.: 800-785-2146 King & Queen Landfill a. Site Name: b. Physical Address: 4443 Iris RD **4443 Iris RD** d. Mailing Address. Little Plymouth, VA 23091 Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature Receipt Date ASBESTOS (Generator Completes a-d. f-g. Operator completes e) Section IV b. Operator's* Phone No.: a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: OPERATOR'S' SIGNATURE f. Name and Address of Responsible Agency: g. C Friable; Non-friable; Both % friable % non-friable Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

tion() GENERATOR (c	ienarator Completes all'of Section 1
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	
If owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE J. Description of Waste: Soil	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment realdue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Pert 281. Generator Authorized Agent Name Signature	Its in proper condition for transportation according to particled hazardous waste subject to the Land Disposal he requirements of 40 CFR Part 268 and is no longer a Ms. CUBIC METERS Y3. CUBIC YARDS O - OTHER
	Shipment Date a-d Transporter completes as g. Transporter II competies as e
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	I Oriver Name/Title:
c. Driver Name/Title: PRINT / TYPE d. Phone No.: 703-441-0999 e. Truck No.:	j. Driver Name/Title: PRINT / TYPE k. Phone No.: 1. Truck No.:
t. Vehicle License No./State: Acknowledgement of Receipt of Materials. g. Driver Signature Shipment Date	m. Vehicle License No./State: Acknowledgement of Receipt of Materials. n. Driver Signature Shipment Date
	Completes a-g. destination site ganglides e-h
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accurate.
	<u> </u>
f. Name of Authorized Agent Signature	Bassist Date
	Receipt Date
	Companies 44.1 g. Operator completes at
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
	are fully and accurately described above by proper shipping name and are classified, packed,
marked, and labeled, and are in all respects in proper condition for transport by highway a	е-сотольну то африказов этентационы али павоны дочентинния regulations.
e. Operator's Name & Title: PRINT/TYPE	OPERATOR'S* SIGNATURE Date
f. Name and Address of Responsible Agency:	
g. ☐ Friable; ☐ Non-friable; ☐ Both% triable% *Operator refers to the company which owns, leases, operates, controls, or supervises the	% non-friable facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NQT} asbestos waste, complete only Sections I, II and III.

No.

3 m

ion 1 GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g, Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE L I 8 Y 7 J. Description of Waste: Soil	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG
From surface water impoundments and bermed pit	BA -6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Abent Name Signature	is in proper condition for transportation according to prictical hazardous waste subject to the Land Disposal e requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
	Shipment Date
ion II TRANSPORTER (Generator Completes a TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	i Dekor Mamo(Title)
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:i. Truck No.:
Vehicle License No./State: Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
g. Shipment Date	n. Driver Signature Shipment Date
ion III DESTINATION (Generator)	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Malling Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
	·
f	
Name of Authorized Agent Signature	Receipt Date
	Completes a-d, f-g, Operator completes et
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment ar marked, and labeled, and gre in all respects in proper condition for transport by highway ac	
e. Operator's Name & Title:	·



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

	Cormor Allied Chemical Event Basel
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	h. Owners Phone No.:
g. Owner's Name:	h. Owners Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	k. Quantity Units No. TYPE B - BAG BA - 6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	1 T OF WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residuations, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to p POUNDS
Generator Authorized Agent Name Signature	Shipment Date
	a d'Alamapeder completes a-g., Titrappotet Récompeles à-all
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	
PRINT / TYPE	j. Driver Name/Title:
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: I. Truck No.:
1. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
6 / KANDOT	n.
Driver Signature Shipment Date	Driver Signature Shipment Date
	Completes and, destination alle completes e-fl
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
1.	
Name of Authorized Agent Signature	Receipt Date
ion/IV ASBESTOS/Garperier	Completes and Try. Operator completes at
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	re fully and accurately described above by proper shipping name and are classified, packed
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment at marked, and labeled, and are in all respects in proper condition for transport by highway at e. Operator's Name & Title: PRINT / TYPE	COPERATOR'S" SIGNATURE



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide:	d. Address: Kendrick Lane Work Site Front Royal, VA 22630
e: Phone No.: 973-455-6719	Front Royal, VA 22630
If owner of the generating facility differs from the generator, provide:	f. Phone No.:
	h. Owner's Phone No.: 4 (0 18 7 19)
g, Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	k. Quantity Units No. TYPE BA - 6 Mil., PLASTIC BAG
From surface water impoundments and bermed pit	T -TRUCK O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reflections, I certify and warrant that the waste has been treated in accordance with I hazardous waste as defined by 40 CFR Part 261.	d is in proper condition for transportation according to stricted trazerdous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a M3- CUBIC METERS Y2- CUBIC YARDS
CORROCK CE	O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER I	ard Transporter completes on Transporter II
a Name: Reece Services, Inc.	h. Name: W Salvy 1665
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	I. Addiess.
C. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: m. Vehicle License No./State:
f. Vehicle License No./State: 1 Acknowledgement of Receipt of Materials.	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
9 1900] n \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Driver Signature Shipment Date	Driver Signature Shipment Date
Wing 9 Ousen Landfill	C Phone No. 800-785-2146
4443 Inio DD	0.111011011011
D. Miyaka Addioss.	u. Highing Address.
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the beau	st of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Bignature	Receipt Date
	· Completes p-6, Eg. Operator completes ej
a. Operator's* Name:	
c. Operators* Address:	
	are fully and accurately described above by proper shipping name and are classified, packs
marked, and labeled, and are in all respects in proper condition for transport by highway e. Operator's Name & Title:	according to applicable international and national governmental regulations.
f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Data



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

....36

ion 1 GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owners Phone No.:
i. BFI WASTE CODE L I 8 Y 7 Description of Waste: Soil	1 3 8 8 9 Contelners DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments	1 T Or WRAP
and bermed pit	O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P - POUNDS
	a-d,Transporter completes e-g, Transporter II competes h-n)
TRANSPORTER I	TRANSPORTER II
A. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
C Driver Name/Title:	j. Driver Name/Title:
c. Driver Name/Title: PRINT / TYPE	k. Phone No.: i. Truck No.:
d. Phone No.: 703-441-0999 e. Truck No.:	m, Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
J. Shipment Date	nShipment Date
on III DESTINATION (Generator	Completes a-d, destination site completes a-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
s. Discrepancy Indication Space:	
hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accorrate
marank count, mor me sector unities unstainmen neatus cochies and management	···
1.	
Name of Authorized Agent Signature	Receipt Date
on IV ASBESTOS (Generator	Completes a.d, I-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
the state of the s	re fully and accurately described above by proper shipping name and are classified, packed,
e. Operator's Name & Title:	
f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date
g. Friable; Non-friable; Both % friable %	6 non-friable



if waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

	Generator Completes all of Section 1)
a. Generator Name: Honeywell	
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide;	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE L I 8 Y 7 Description of Waste: Soil	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG B
j. Description of Waste: Soil From surface water impoundments	_ k_Quentity
and bermed pit	O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	nd is in proper condition for transportation according to P POUNDS
	s'a-d _e Transporter completes e-g. Transporter (l'competes h-n')
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
a Dama Namo/THIs	1. Driver Name/Title
c. Driver Name/Title: PRINT / TYPE d. Phone No.: 703-441-0999 e. Truck No.:	J. Driver Name/Title: RHINT / TYPE k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials	Acknowledgement of Receipt of Materials.
g. Shipment Date	Driver Signature Shipment Date
	or Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Malling Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the be	ast of my knowledge the foregoing is true and accurate.
	· · · · · · · · · · · · · · · · · · ·
f. Name of Authorized Agent Signature	
	Receipt Date
	or Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	·
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway	at are fully and accurately described above by proper shipping name and are classified, packed, y according to applicable international and national governmental regulations.
e. Operator's Name & Title:	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

20 SRIGINAL

pation I GENERATOR (enerator Completes all of Section II)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.:
g. Owner's Name:	h. Owners Phone No.:
I. BFI WASTE CODE	1 3 8 9 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	k. Quantity Units No. TYPE BA BAG BA - 6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	1 T T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously research that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	I is in proper condition for transportation according to P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date
SETIONAL TRANSPORTER (Cienerato: Compienes TRANSPORTER I	ir d Transporter completes est, Transportur (Lastatarius in n.) TRANSPORTER II
a. Name: Reece Services, Inc.	1
b. Address: 17756 Colonial Port RD.	h. Name:
	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.	k. Phone No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
0 () (As 18 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n. Driver Signature Shipment Date
Oriver Signature Shipment Date 2010/01-1115	Driver Signature Shipment Date Completions a. a. destination of a completion of
Ving 8 Overent andfill	c. Phone No.: 800-785-2146
a. 0.0 140.101	d. Malling Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
Little Flymouth, VA 23051	Little Flymouth, VA 23031
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
ASSESTOS Generalo	Occupation (p.d., 1-g., Operator completes #)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operators* Address:	
d. Special Handling Instructions and additional information:	
	are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title:	OPERATOR'S SIGNATURE Date
f. Name and Address of Responsible Agency:	
g. Friable; Non-friable; Both	% non-iriable facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III. No. 2007 10 3 3 4 10 3 3

	nconcrete Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	d. Address: Kendrick Lane Work Site Front Royal, VA 22630
e. Phone No.: 973-455-6719	1. Phone No.:
If owner of the generating facility differs from the generator, provide:	h, Owner's Phone No.:
g. Owner's Name:	
I. BFI WASTE CODE	1 3 8 8 9 Containe/s DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIII PLASTIC BAG
J. Description of Waste: Soil From surface water impoundments	or WRAP
and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a any applicable state law, has been properly described, classified and packaged, and is applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Pan 281. Generator Authorized Agent Name Signature	s it proper condition for fransportation according to requirements of 40 CFR Part 288 and is no longer a majority of the fransportation according to p - POUNDS y - YARDS or requirements of 40 CFR Part 288 and is no longer a majority of the fransportation according to p - POUNDS y - YARDS or - YARDS or - CUBIC METERS y - CUBIC METERS y - CUBIC YARDS or - OTHER
	-d Transporter completel a g. Transporter (Lechepolae har) TRANSPORTER (I
TRANSPORTER I a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State: 2 2 4 A Acknowledgement of Receipt of Materials.	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
9 Driver Signature Shipment Data	n. Driver Signature Shipment Date
	Completes act. destination site completes act.
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best of	of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
	Completes and (n), Operator completes (i)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are marked, and labeled, and are in all respects in proper condition for transport by highway acc.	
Theretail Name 9 The	
e. Operator's Name & Title:	OPERATOR'S' SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ction: GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	k, Quantity Units No. TYPE B - BAG BA - 6 Mil. PLASTIC BAG
From surface water impoundments and bermed pit	1 T T OF WRAP T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res. Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P - POUNDS tricted flazardous waste subject to the Land Disposal V - VARDS
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER (Generator Completes TRANSPORTER)	a-d,Transporter completes e-g, Transporter II competes fi-n.) TRANSPORTER II
Pooco Convices Inc	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	1. Address.
c. Driver Name/Title:	J. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
TOWNS GENERAL OF TOO SEPT OF THE CONTROL OF THE CON	
g Shipment Data	n Shipment Date
	Completes a-d, destination site completes e-fl
a Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
The last to the second	
f	
Name of Authorized Agent Signature	Receipt Date
ction IV ASBESTOS (Generator	Completes a-d, 1-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title:	
Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date
g. Friable; Non-triable; Both % friable 9	% non-friable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

	panember Completes all of Section 1)	rical Count David
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chen	
c. Address: 101 Columbia Road	d. Address: Kendrick Lane	Work Site
Morristown, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973-455-6719	f. Phone No.:	
If owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.:	
g. Owner's Name:		
I. BFI WASTE CODE		YPE - METAL DRUM - PLASTIC DRUM - BAG
j. Description of Waste: Soil		- 6 MIL. PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	·	- TRUCK - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a M	UNITS - POUNDS - YARDS 3- CUBIC METERS - CUBIC YARDS - OTHER
Generator Authorized Agent Name Signature	Shipment Date	
Generator Authorized Agent Name Signature CREATER SPORT EX (Semerator Connected)		
TRANSPORTER I	TRANSPORTER II	
a. Name: Reece Services, Inc.	h. Name:	
b. Address: 17756 Colonial Port RD.	i. Address:	
Dumfries, VA 22026		
	i Driver Name/Title:	
C. Driver Name/Title:	j. Driver Name/Title: PAINT /T	YPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:	BCK NO
f. Vehicle License No./State: Acknowledgement of Receipt of Materials.	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.	
9. Driver Signature Shipment Date	n. Driver Signature	Shipment Date
	Consistes e.d. destriction sie echiplates eil	
a Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146	
	d. Malling Address. 4443 Iris RD	
Little Plymouth, VA 23091	Little Plymouth, VA	23091
a. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the bes		
Name of Authorized Agent Bignature	Receipt Date	•
CONTROL ASSESTOS (Galausto	Completes and Est. Operator completes at	
a. Operator's* Name:	b. Operator's* Phone No.:	
c. Operator's* Address:		
d. Special Handling Instructions and additional Information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment e marked, and labeled, and are in all respects in proper condition for transport by highway a		
e. Operator's Name & Title:		ПППП
e. Operator's Name & Title:	OPERATOR'S SIGNATURE	Date
	· ·	
f. Name and Address of Responsible Agency:		•



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	- 2010 to 16 10 10 1
g. Owners Name:	h. Owner's Phone No.:
i. BFI WASTE CODE L I 8 Y 7 J. Description of Waste: Soil	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	T T T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	d is in proper condition for transportation according to P - POUNDS
	sa d Transporter completer a g Transporter E companies han 1
TRANSPORTER I	TRANSPORTER II
A Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:
1. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
नियावव	
Driver Signature Shipment Date	Driver Signature Shipment Date
	Completion and destination also completes as (
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	,
I hereby certify that the above named material has been accepted and to the be	st of my knowledge the foregoing is true and accurate.
The state of the s	
Name of Authorized Agent Signature	Receipt Date
ion IV ASBESTOS (Generato	x Complete year 7-9, Oserstor completes of
a. Operator's* Name:	b. Operators* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	are fully and accurately described above by proper shipping name and are classified, packed according to applicable international and national governmental regulations.
a Chartera Alessa 9 Title:	
e. Operator's Name & Title:	OPERATOR'S* SIGNATURE Date
e. Operator's rearrie & Title:	Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ctron: GENERATOR (C	entrator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	1. 2. A. 40 162 131
g. Owner's Name:	h. Owners Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Comtainers DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG
J. Description of Waste: Soil From surface water impoundments	L Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
and bermed pit GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not	• • • • • • • • • • • • • • • • • • • •
any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hexardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P - POUNDS tricted hexardous wests subject to the Land Disposal V - VADDS
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER (Constitute Completes TRANSPORTER I	e d Transporter completes and Archisporter II Competes fina.) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	·
c. Driver Name/Title:	j, Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
· 1214017	n. Driver Signature Shipment Date
Driver Signature Shipment Date CHEST WAT ON Generator	Completes a-q : heatration site conneces to the
a. Site Name; King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy indication Space: I hereby certify that the above named material has been accepted and to the best	as any kaondada tha samanina la taua and annimata
History Calmin may the shore limited triggers; has peen accepted any in the peen	or my knowledge the foregoing is true and accordate.
f	
Name of Authorized Agent Signature	Receipt Date
ction W ASSEST OS (Generator	Completes and ring Operator completes el
a. Operator's* Name:	b. Operators* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packed, ccording to applicable international and national governmental regulations.
e. Operator's Name & Title:	
f. Name and Address of Responsible Agency:	OPERATOR'S SIGNATURE Date
g. Friable; Non-friable; Both % friable 9 *Operator refers to the company which owns, leases, operates, controls, or supervises the	6 non-triable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roy
. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
B. Phone No.: 973-455-6719	f. Phone No.:
f owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.
g. Owners Name:	h. Owners Phone No.
BFI WASTE CODE	1 3 8 8 9 Containers IM - METAL DRUM DP - PLASTIC DRUM
Description of Waste: Soil	k, Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BA
From surface water impoundments and bermed pit	T -TRUCK O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reflections, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 281.	is in proper condition for transportation according to P POUNDS
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER I	a-d Fansporter completes seg. Transporter (Chargattes Fen.) TRANSPORTER II
A. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
c. Driver Name/Title:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 9120 VA	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9. Driver Signature Shipment Date	n. Driver Signature Shipment Date
	Completes a.d. destination attack ampletes e-fi
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
hereby certify that the above named material has been accepted and to the bear	t of my knowledge the foregoing is true and accilirate.
	3
f. Name of Authorized Agent Signature	
	Receipt Date
	Completes and Fig. Operator completes at
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway	
e. Operator's Name & Title:	
e. Operator's Name & Title:	OPERATOR'S SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

a. Garcentine Name: Honeywell c. Address: 101 Columbia Road Morristown, NJ 07960 a. Phone Na.: 973-455-6719 frown of the generaling leithy differs from the generalice, provide. g. Owner's Name: l. 8FI WASTE CODE J. Description of Wester: SOII From Surface water impoundments and bermed pit Giscalances Certification. I have properly described, clearly on the general point of th		ienerator Completes all of Section 1)
e. Piche No. 973-455-6719 e. Phone No. 973-455-6719 f. Phone No. 1 g. Owner's Name: l. BFI WASTE CODE L. I. 8 V. 7 T. Description of Wester. Soil From surface water impoundments and bermed pit CREASENCYO'S CERTIFICATOR'S. I heavily certly that the above named material in ord a hazerdous water as divided by 40 CFF Pivil 28 in a New yeaphcase water than been routed an accordance with the irreplacement, ord 40 CFF Pivil 28 in a New Yeaphcase water with the irreplacement of ACFF Pivil 28 in a New Yeaphcase water with the irreplacement of ACFF Pivil 28 in a New Yeaphcase water with the irreplacement of ACFF Pivil 28 in a New Yeaphcase water with the irreplacement of ACFF Pivil 28 in and a no temporary water than the water has been routed an accordance with the irreplacement of ACFF Pivil 28 in and a no temporary water than the water has been routed an accordance with the irreplacement of ACFF Pivil 28 in and a no temporary water than the water has been routed an accordance with the irreplacement of ACFF Pivil 28 in and a no temporary water than the water has been routed an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in an accordance with the irreplacement of ACFF Pivil 28 in accordance with the irreplacement of ACFF Pivil 28 in accordance with the irreplacement of ACFF Pivil 28 in accordance to ACFF Pivil 28 in accordance to ACFF Piv		b. Generating Location: Former Allied Chemical - Front Royal
t. Phone No.: g. Cemer's Name: l. BFI WASTE CODE L. L. I. B. V. 7 Description of Waster. Soli From surface water impoundments and bermed pit CEMENTOR'S CERTIFICATION: I heavy certly that the above named masterial is not a hazardous waste as defined by 40 CFR Part 251 or o'	c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Nower's Name: Bef WASTE CODE	Morristown, NJ 07960	Front Royal, VA 22630
g. Owner's Name: 1. BFI WASTE CODE 1. BFI WASTE C		f. Phone No.:
L SFI WASTE CODE Description of Waste: SOII S. Quantity Units No. TYPE No. TY		
Description of Waster Soil	g. Owner's Name:	h. Owner's Phone No.:
From surface water impoundments and bermed pit GRESEATORE CERTIFICATION: I hereby certify that the above names material is not a hazardous wasts as defined by 40 CFP Part 28 or TRUCK TR	I. Bri WASIE CODE	DM - METAL DRUM DP - PLASTIC DRUM BP - RACE
and bermed pit CEREMATORS CERTIFICATION: I hereby cortify that the above named material is not a hazerdous waste as defend by 40 CFR Part 281 or any applicable date flux has been properly described, classified and packaged, and is in propercy described. Part 281 or any applicable date flux has been properly described, classified and packaged, and is in proper condition for the mapped transport of applicable regulations, AAD, if the veste is a treatment restricted haserdous waste subject to the Land Disposal by 10 CFR Part 281. INVAISOR THE PART 281. Cenerator Authorized April Name Signature Signature Signature Signature Signature Signature PRINT / TYP A Name: I. Address: Dumfries, VA 22026 C. Divier Name/Title: J. Divier Signature DESTINATION (Cameptitor Completed pd.), destination site properties and cocinate. J. Windige Address: J. Divier Signature DESTINATION (Cameptitor Completed pd.), destination site properties and cocinate. J. Name: J. Address: J. Divier Signature DESTINATION (Cameptitor Completed pd.), destination site properties and cocinate. J. Name: J. Divier Signature DESTINATION (Cameptitor Completed pd.), destination site properties and accinate. J. Name of Authorized Agent Signature Signature Signature Signature Signature Signature Signature Signature J. Divier Signature Signature Signature J. Divier Signature Signature Signature Acknowledgement of Receipt of Materials. Divier Signature Si	•	BA - 6 MIL PLASTIC BAG
GENERATORS CERTIFICATION: I hereby contrib that the above named material a not a hazerdous waste as defined by 40 CFR Part 21 or any applicable steel lave, has been properly described, classified and packaged, and is in proper condition for transportion for transportion for transportion from the transportion of transportion from the proper of the pro	•	
TRANSPORTER I A Name: Reece Services, Inc. b. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title:	any applicable state taw, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residenticions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to trictied hazardous waste subject to the Land Disposal ne requirements of 40 CFR Part 268 and is no longer a Ma. CUBIC METERS Y3 - CUBIC YARDS O - OTHER
TRANSPORTER I a. Name: Reece Services, Inc. b. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: f. Vehicle License No./State: Acknowledgement of Receipt of Materials. g. Driver Signature Shipment Date Thom III DESTINATION (Seventor Completes a-d, destination site completes a-d.) d. Malling Address: 4443 Iris RD Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. ### ASPESTOS (Generator Completes a-d, 1-g, Operator's* Phone No.: c. Operator's* Name: d. Operator's* Name: d. Special Handing instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marted, and bibbled, and are in all respects in propey condition for transport by highway according to applicable international governmental regulations. e. Operator's Name & Title: PRANSPORTER II h. Name and Address: I. Address: h. Name and Address A Handing Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marted, and bibbled, and are in all respects in propey condition for transport by highway according to applicable international ared national governmental regulations. e. Operator's Name & Title: PRANT / TYPE OPERATOR'S CERTIFICATION: OPERATOR'S SCAUNTURE Date 1. Name and Address		
a. Name: Reece Services, Inc. b. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: t. Vehicle License No./State: Acknowledgement of Receipt of Materials. d. Phone No.: 703-441-0999 e. Truck No.: t. Vehicle License No./State: Acknowledgement of Receipt of Materials. d. Phone Ro.: No.: Destination of Receipt of Materials. Destination Unique Phone No.: No.: Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. ### ASBESTOS (Generator Completes a-d. Fig. Operator completes e) a. Operator's Name: b. Operator's Name: c. Operator's Name: c. Operator's Address: d. Special Handling instructions and additional information: Destination for transport by highway according to applicable international architeral regulations. e. Operator's Name & Title: PRINT / YPE DESTINATION: Generator Verification Signature Destination Authorited Agent Destination and additional information: Destination and additional information for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / YPE Destination Signature Destination and Address Date Destination Authorited Agent Destination and Address		
b. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title:		1
Dumfries, VA 22026 c. Driver Name/Title:		
c. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: t. Vehiole License No./State: Acknowledgement of Receipt of Materials. g. Phorer Signature DESTINATION (Censeptor Completes a-d, destination site completes e-f) a. Site Name: King & Queen Landfill b. Physical Address: Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent ASBESTOS (Generator Completes a-d, 1-g, Operator Completes e) b. Operator's* Name: c. Operator's* Name: d. Signature Destination information: Destination information: Destination information: Destination information: Destination information informatio		I. Address:
d. Phone No.: 703-441-0999 e. Truck No.: k. Phone No.: l. Truck No.: l. Name and Address		
t. Vehicle License No./State: Acknowledgement of Receipt of Materials. g. Diver Signature Shipment Date C. Phone No.: B00-785-2146 b. Physical Address: Little Plymouth, VA 23091 c. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Little Plymouth: Signature ASBESTOS (Generator Completes a-d. 1-g. Operator completes a-d. 1-g. Operator's Phone No.: C. Operator's Name: C. Operator's Address: d. Special Handling instructions and additional information: DERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. PRINT/TYPE OPERATOR'S SIGNATURE Date T. Name and Address	c. Driver Name/Title: PRINT / TYPE	
Acknowledgement of Receipt of Materials. g	d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: 1. Truck No.:
Driver Signature DESTINATION (Generator Completes a-d, destination site completes e-f) a. Site Name: King & Queen Landfill		<u> </u>
Diver Signature Destination (Generator Completes a-d. destination site completes a-t) a. Site Name: King & Queen Landfill b. Physical Address: 4443 Iris RD Little Plymouth, VA 23091 c. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date ASBESTOS (Generator Completes a-d. 1-g. Operator completes a) a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CENTIFICATION: I hereby decigre that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. PAINT / TYPE OPERATOR'S SKINATURE Date Shipment Date Shipme	Acknowledgement of Receipt of Materials.	Acknowledgement of Hecelpt of Materials.
a. Site Name: King & Queen Landfill c. Phone No. 800-785-2146 b. Physical Address: 4443 Iris RD d. Mailing Address. 4443 Iris RD Little Plymouth, VA 23091 c. Phone No. 800-785-2146 Little Plymouth, VA 23091 Little Plymouth, VA 23091 Little Plymouth, VA 23091 c. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature Receipt Date.		n
a. Site Name: King & Queen Landfill c. Phone No.: 800-785-2146 b. Physical Address: 4443 Iris RD d. Mailing Address. 4443 Iris RD Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. ASBESTOS (Generator Completes a-d. 1-g. Operator completes e) a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. 6. Operator's Name & Title: PRINT/TYPE OPERATOR'S SIGNATURE Date		
b. Physical Address: Little Plymouth, VA 23091 e. Discrepancy indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature ASBESTOS (Generator Completes and A.S.g. Operator completes e) a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. 6. Operator's Name & Title: PRINT / TYPE OPERATOR'S SIGNATURE Date		
Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature ASBESTOS (Generator Completes a-d. T-g. Operator completes e). a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S SIGNATURE Date	CI OILD I CONTO	
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature Receipt Date ASBESTOS (Generator Completes a-d. F.g. Operator completes e) a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. PRINT / TYPE OPERATOR'S SIGNATURE Date		I ittle Plymouth VA 23091
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature Receipt Date	Little F Tymouth, VA 23031	Little 1 lymouth, VA 20031
Name of Authorized Agent Signature Receipt Date ASBESTOS (Generator Completes a-d. T.g. Operator completes e) a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT/TYPE OPERATOR'S SIGNATURE Date 1. Name and Address	e. Discrepancy Indication Space:	
a. Operator's* Name:	I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
a. Operator's* Name:		
a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address	t. Name of Authorized Agent Signature	Receipt Date
a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address	tion W ASHESTOS (Conference	Completes and 1-g Operator completes at
c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address		
d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address		•
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address		
f. Name and Address	c. Operator's* Address:	
f. Name and Address	c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment at	re fully and accurately described above by proper shipping name and are classified, packed,
	c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment at marked, and labeled, and are in all respects in proper condition for transport by highway as	re fully and accurately described above by proper shipping name and are classified, packed,



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

OFIGINAL

oa1	GENERALOR (enerator Completes all of Section 1)	
a. Generator Name: Honeywell			
c. Address: 101 Columbia Road		d Address: Kendrick Lane Work	Site
Morristown, NJ 07960		Front Royal, VA 22630	
e. Phone No.: 973-455-6719		f. Phone No.:	
if owner of the generating facility differs from	the generator, provide:		
g, Owner's Name:		h. Owner's Phone No.:	
J. Description of Waste: Soil From surface water impound	L I 8 Y 7	1 3 8 8 9 Containers TY DM - METAL DP - PLASTIE B - BAG BA - 6 MIL. F Or WRA T - TRUCK	C DRUM PLASTIC BÁG P
and bermed pit		O - OTHER	
any applicable state law, has been properly	described, classified and packaged, and a treatment residue of a previously re- te has been treated in accordance with t	is in proper condition for transportation according to articled hazardous waste subject to the Land Disposal ne requirements of 40 CFR Part 268 and is no longer a P - POUNDS Y - YARDS M3 - CUBIC N Y3 - CUBIC N O - OTHER	ETERS
on I Finnsh	ORTER Generator Completes	a-d,Transporter completes e-g, Transporter II competes t	m)
TRANSPOR	RTERI	TRANSPORTER II	
a Name: Reece Services, Inc.		h. Name:	•
b. Address: 17756 Colonial Port I	RD.	i. Address:	
Dumfries, VA 22026			
c. Driver Name/Title:	PRINT / TYPE	j. Driver Name/Title: Paint/Type	
d. Phone No.: 703-441-0999	PRINT / TYPE	k. Phone No.: I. Truck No.;	
Vehicle License No./State: Acknowledgement of Receipt of Material		m.Vehicle License No./State: Acknowledgement of Receipt of Materials.	
g. Driver Signature	Shipment Date		ment Date
on III		Completes a-d, destination site completes e-f)	
a. Site Name: King & Queen	Landfill	c. Phone No.: 800-785-2146	·
b. Physical Address: 4443 Iris RD		d. Malling Address. 4443 iris RD	·
Little Plymout	h, VA 23091	Little Plymouth, VA 23091	
e. Discrepancy Indication Space:			·
I hereby certify that the above named mater	ial has been accepted and to the bea	t of my knowledge the foregoing is true and accurate.	
·		*	
1. Name of Authorized Agent	Signature	Receipt Date	
•	_		5545355
ion IV	. ,	Completes a-d, f-g, Operator completes ej	
a. Operator's* Name:		b. Operators* Phone No.:	
c. Operator's* Address:			
d. Special Handling Instructions and addit	ional information:		
		are fully and accurately described above by proper shipping name and are c according to applicable international and national governmental regulations.	lassified, packe
			TTTTT
e. Operator's Name & Title:			1 1 1 1 1



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

CUENA GENERATOR (G	enerator-Complictes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
if owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.:
g. Owner's Name:	
I. BFI WASTE CODE L 1 8 Y 7 Description of Waste: Soil	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	T OF WRAP T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hezardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to p . POUNDS
	Complete Control Contr
TRANSPORTER I	TRANSPORTER II
a Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Tittle:
d. Phone No.: 703-441-0999 e. Truck No.:	k Phone No.:
1. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9 12 10 07	n.
Orher Signature Shipment Date	Driver Signature Shipment Date
	Complete 4-a, destination (the completes 6-i)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
on the state of the	
Name of Authorized Agent Signature	Receipt Date
CONTROL ASSESTOS Guarantos	Çarquistas a d. 1-g. Operator completes et
a. Operator's* Name:	b. Operators* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment armarked, and labeled, and are in all respects in proper condition for transport by highway ac	e fully and accurately described above by proper shipping name and are classified, packed,
	ППП
e. Operator's Name & Title:	OPERATOR'S* SIGNATURE Date
of Responsible Agency: g. Friable; Non-friable; Both *Operator refers to the company which owns, leases, operates, controls, or supervises the first of the company which owns, leases, operates, controls, or supervises the first owns.	non-friable acility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

ON BISINAL

BON'S GENERATOR (G	energian Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	Carlo Anna Carlo
g. Owner's Name:	h. Owners Phone No.:
i. BFI WASTE CODE L I 8 Y 7 J. Description of Waste: Soil	Containers 1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MILL PLASTIC BAG OF WRAP
From surface water impoundments and bermed pit	T -TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the weste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to ricted hazardous waste subject to the Land Disposal a requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS Y3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
TRANSPORTER (Generator Completes : TRANSPORTER I	ed Transporter complettes e-g. Transporter (Econocites (Erc) TRANSPORTER II
3.	
a Name: Reece Services, Inc. b. Address: 17756 Colonial Port RD.	h. Name:i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.: 2	t. Minary the .
1. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
g	n. Driver Signature Shipment Date
	Sompletes a.d. nestmation eta-completes a d
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate
r rivinant animit man ma mana seminan timenami ima nani manahina min na ma mana H	
1.	
Name of Authorized Agent Signature	Receipt Date
	Completes set; (sq. Ciperator completes s)
a. Operator's* Name:	b. Operators* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment an marked, and labeled, and are in all respects in proper condition for transport by highway ac	e fully and accurately described above by proper shipping name and are classified, packed, cording to applicable international and national governmental regulations.
e. Operator's Name & Title:	
e. Operator's Name & Title: PRINT / TYPE 1. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date
	non-friable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

OR (GINAL

GENERATOR (C	Generator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
if owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Soil	BA - 6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in accordance with the treatment residue of a previously received in the treatment re	d is in proper condition for transportation according to p . POUNDS stricted hazardous waste subject to the Land Disposal V . VADDS
Generator Authorized Agent Name Signature	Shipment Oate
Section II TRANSPORTER (Generator Completes TRANSPORTER I	a-d, Transporter completes e-g, Transporter II competes h-n.) TRANSPORTER II
a Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	J. Driver Name/Title: PRINT / TYPE
c. Driver Name/Title:	k. Phone No.:i. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9- Driver Signature Shipment Date	n. Driver Signature Shipment Date
ection III DESTINATION (Generator	r Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	· d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the beau	st of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
	r Completes a-d, 1-g, Operator completes e)
a, Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	•
	are fully and accurately described above by proper shipping name and are classified, packed,
e. Operator's Name & Title:	
Name and Address of Responsible Agency:	OPERATOR'S SIGNATURE Date
g. 🗆 Friable; 🗀 Non-friable; 🗀 Both % friable	% non-friable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ion i Generator (Senerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	· · · · · · · · · · · · · · · · · · ·
g. Owners Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Soil	k. Quantity Units No. TYPE BA 6 MIL PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations, AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the heardcus waste se defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to p POUNDS stricted hazardous waste subject to the Land Disposal y YARDS
	a-d, Transporter completes e-g, Transporter II competes h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRB1/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials
g- Driver Signature Stripment Date	n. Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	000 705 0440
G. Olto Harris	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy indication Space: I hereby certify that the above named material has been accepted and to the bes	at of my knowledge the foregoing is true and accurate.
	· · · · · · · · · · · · · · · · · · ·
1. Name of Authorized Agent Signature	Province Date:
	Receipt Date
	Completes a-d, 1-g, Operator completes e)
a. Operator's* Name:	·
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packe according to applicable international and national governmental regulations.
e. Operator's Name & Title:	
Operator's Name & Title: FRINT / TYPE Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	to the total and the state of t
Morristown, NJ 07960	Front Royal, VA 22630
	i. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owners Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	T OTWRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date
ion II TRANSPORTER (Generator Completes a TRANSPORTER I	a-d, Transporter completes e-g, Transporter 11 competes fi-n) TRANSPORTER II
a. Name: Reece Services, Inc.	
b. Address: 17756 Colonial Port RD.	h. Name:
Dumfries, VA 22026	I. Address:
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
g	n
	Driver Signature Shipment Date Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
d. Old (tell)	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091

Discrepancy indication Space: I hereby certify that the above named material has been accepted and to the best	of viviling and also the formation is two and positivets.
I nereby certify that the above framed fracerial has been accepted and to the best	D) my knowledge the rolegoling is true and accurate.
<u> </u>	
Name of Authorized Agent Signature	Receipt Dete
ion (V ASBESTOS (Generator	Cempletes avd, f-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment armarked, and labeled, and are in all respects in proper condition for transport by highway as	
e. Operator's Name & Title: PRINT / TYPE	OPERATOR'S* SIGNATURE



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	
c. Address: 101 Columbia Road	
Morristown, NJ 07960	Front Royal, VA 22630
	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
L BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k. Quantity Units No. TYPE B - BAG BA - 6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	1 T T OF WRAP T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to p. POUNDS tricted hazardous waste subject to the Land Disposal v. vapps
Generator Authorized Agent Name Signature	
	Shipment Date a-d, Transporter to completes a-g, Transporter II competes then to
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT : TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No /State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g	n
Driver Signature Shipment Date	Driver Signature Shipment Date
Ving 8 Ougen Landfill	Completes a-d, destination site completes e-i) c. Phone No.: 800-785-2146
W 010 140101	
b. Physical Address: 4443 Iris RD Little Plymouth, VA 23091	d. Mailing Address. 4443 Iris RD Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accurate.
f.	
Name of Authorized Agent Signature	Receipt Date
on IV ASBESTOS (Generator	Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	· · · · · · · · · · · · · · · · · · ·
o. Operators* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packed occording to applicable international and national governmental regulations.
e. Operator's Name & Title:	OPERATOR'S* SIGNATURE Date
• • •	Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ion I GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
if owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Soil	K. GUETNITY UMS NO. 1772 BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: 1 hereby certify that the above named material is not any applicable state taw, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P - POUNDS tricted hazardous waste subject to the Land Disposal V - VARDS
ion II TRANSPORTER (Generator Completes	
TRANSPORTER I	TRANSPORTER II
a Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	I. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: 1. Truck No.:
1. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials
g	n
Driver Signature Shipment Date On 111 DESTINATION (Generator	Driver Signature Shipment Date Completes a-d, destination site completes a-f)
King & Ougan Landfill	c. Phone No.: 800-785-2146
a old hanc.	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the loregoing is true and accurate.
1	
Name of Authorized Agent Signature	Receipt Date
ion IV ASBESTOS (Generator	Completes a-d, 1-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	
·	
e. Operator's Name & Title:	OPERATOR'S' SIGNATURE



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ction I GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owners Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG DAMI DI ASTIC DAG
j. Description of Waste: Soil	BA -6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to p . POUNDS
Generator Authorized Agent Name Signature	Shipment Date
ection II TRANSPORTER (Generator Completes TRANSPORTER I	a d'fransporter completes e g. Transporter II competes h-n) TRANSPORTER II
a. Name; Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: Phint / TYPE	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:i. Truck No.;
f. Vehicle License No /State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g	n
Driver Signature Shipment Date BESTINATION (Generator	Driver Signature Shipment Date Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
	Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	re fully and accurately described above by proper shipping name and are classified, packed.
	THITTI
e. Operator's Name & Title: PRINT/TYPE	OPERATOR'S SIGNATURE DATE
f. Name and Address of Responsible Agency:	
g. 🗆 Friable; 🗀 Non-friable; 🗀 Both % friable %	6 non-friable

DESTINATION DETIIN . WHITE . DETIIN TO CENEDATOD . COLEDA TO DEDATOD . VOLUME TO A REDATOD DETAIN . COMEDATOD . VOLUME . TO A NECESSARY DETAIN . COMEDATOD .



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

tion 1 GENERATOR (G	ienerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Soil	k. Cularity Oritis 100. TTE BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with it hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P. POUNDS tricted hazardous waste subject to the Land Disposal V. YARDS
Generator Authorized Agent Name Signature	Shipment Date
	a-d,Transporter completes a-g, Transporter II competes h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: i. Truck No.:
	m. Vehicle License No./State:
f. Vehicle License No./State:	Acknowledgement of Receipt of Materials.
	n
9	n Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	
Little riymouth, VA 25091	Little Plymouth, VA 23091
	Little Plymouth, VA 23091
e. Discrepancy indication Space:	
e. Discrepancy indication Space: I hereby certify that the above named material has been accepted and to the bes	
e. Discrepancy indication Space:	
e. Discrepancy indication Space: I hereby certify that the above named material has been accepted and to the bes f. Name of Authorized Agent Signature	t of my knowledge the foregoing is true and accurate.
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bes f. Name of Authorized Agent Signature	t of my knowledge the foregoing is true and accurate. Receipt Date Completes a-d, f-g, Operator completes e)
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best f. Name of Authorized Agent Signature ASBESTOS (Generator a. Operator's* Name:	t of my knowledge the foregoing is true and accurate. Receipt Date Completes a-d, f-g, Operator completes e)
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bes f. Name of Authorized Agent Signature Tion IV ASBESTOS (Generator a. Operator's* Name:	t of my knowledge the foregoing is true and accurate. Receipt Date Completes and F.g. Operator completes e) b. Operator's* Phone No.:
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the bes Name of Authorized Agent Signature	t of my knowledge the foregoing is true and accurate. Receipt Date Completes a-d. 1-g. Operator completes e) b. Operator's* Phone No.:
e. Discrepancy indication Space: I hereby certify that the above named material has been accepted and to the best Name of Authorized Agent Signature ASBESTOS (Generator a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway as a content of the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway as a content of the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway as a content of the contents	t of my knowledge the foregoing is true and accurate. Receipt Date Completes and, fig. Operator completes e) b. Operator's* Phone No.: are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Discrepancy indication Space: I hereby certify that the above named material has been accepted and to the best Name of Authorized Agent Signature ASBESTOS (Generator a. Operator's* Name: C. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	t of my knowledge the foregoing is true and accurate. Receipt Date Completes a-d. 1-g. Operator completes e) b. Operator's* Phone No.: are fully and accurately described above by proper shipping name and are classified, packed,



if waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

en l	GENERATOR (Generator Completes all of Section 1)	
a. Generator Name:	loneywell	b. Generating Location: Former Allied Chemical - Front I	Roya
c. Address: 101 C	olumbia Road	d. Address: Kendrick Lane Work Site	<u> </u>
Morris	stown, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973		f. Phone No.:	
If owner of the gener	ating facility differs from the generator, provide:		
g. Owners Name:		h. Owner's Phone No.:	
I. BFI WASTE CODE		1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUI	
J. Description of Was	•	R. Quarity BA - 6 Mil. PLASTIC	C BAG
and bermed	e water impoundments pit	T - TRUCK O - OTHER	
applicable regulation Restrictions, I certify hazardous waste as o Generator Authorized		the requirements of 40 CFR Part 268 and is no longer a Hard Cubic METERS Y3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER Shipment Date	
ion II		a-d,Transporter completes e-g, Transporter II competes h-n.)	
D	TRANSPORTER I	TRANSPORTER II	
a Name: Reece		h. Name:	
	6 Colonial Port RD.	i. Address:	
	ries, VA 22026		
c. Driver Name/Title:	PRINT / TYPE	j. Oriver Name/Title: PRINT / TYPE	
d. Phone No.: 703	3-441-0999 e. Truck No.:	k. Phone No.:i. Truck No.:	
f. Vehicle License No		m.Vehicle License No./State: Acknowledgement of Receipt of Materials.	
<i>∨rv⊪o</i> mied∂e⊞(ant of Receipt of Materials.	redulomougement of receipt of indicates.	
g	Shipment Date	n Shipmeture Shipmeture Shipment Da	ate
on III		Completes a-d, destination site completes e-f)	
a. Site Name:		c. Phone No.: 800-785-2146	
b. Physical Address:	4443 Iris RD	d. Mailing Address. 4443 Iris RD	
	Little Plymouth, VA 23091	Little Plymouth, VA 23091	
e. Discrepancy Indic	ation Space:		
	he above named material has been accepted and to the bea	t of my knowledge the foregoing is true and accidrate.	
	The same of the sa	:	
f	kgent Signature		
		Receipt Date	754505
on W		Completes a-d, I-g, Operator completes e)	
a. Operator's* Nam			
c. Operator's* Add	986:		
d. Special Handling	Instructions and additional information:		
		are fully and accurately described above by proper shipping name and are classified according to applicable international and national governmental regulations.	, packe
	& Title:	OPERATOR'S SIGNATURE DE	لسلسا



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

1,02

ion I GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE L I 8 Y 7 J. Description of Waste: Soil	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG B
From surface water impoundments	BA - 6 MIL, PLASTIC BAG or WRAP T TRUCK
and bermed pit	O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to pricticed hazardous waste subject to the Land Disposal to requirements of 40 CFR Part 268 and is no longer a MS. CUBIC METERS Y3 - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature THANSPORTER (Generator Completes a	Shipment Date :
TRANSPORTER I	a-d,Transporter completes e-g, Transporter II competes h-n) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	i. Driver Name/Title:
d. Phone No.: 703-441-0999 e. Truck No.:	j. Driver Name/Title: PRINT/TYPE
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Driver Signature Shipment Date	Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
······································	·
f. Name of Authorized Agent Signature	Receipt Date
	Completes a-d, 1-g, Operator completes e)
a. Operator's* Name: c. Operator's* Address:	b. Operator's* Phone No.:
d. Special Handling Instructions and additional information:	· · · · · · · · · · · · · · · · · · ·
OPERATOR'S GERTIFICATION: I hereby declare that the contents of this consignment are marked, and labeled, and are in all respects in proper condition for transport by highway according to the condition of transport by highway according to the condition of the c	e fully and accurately described above by proper shipping name and are classified, packe cording to applicable international and national governmental regulations.
e. Operator's Name & Title:	OPERATOR'S' SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

Section (enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
E. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k, Quantity Units No. TYPE BA BAG BA 6 MIL, PLASTIC BAG
From surface water impoundments and bermed pit	1 T or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state taw, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously real Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to the first the first transportation according to the first transportation according to the first
	Shipment Date a-d,Transporter completes e-g, Transporter il competes h-n i
TRANSPORTER I	TRANSPORTER (I
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	I Driver Mamo (Title)
c. Driver Name/Title: PRINT / TYPE d. Phone No.: 703-441-0999 e. Truck No.:	j. Driver Name/Title: PRINT / TYPE k. Phone No.: 1. Truck No.:
•	
f. Vehicle License No./State: Acknowledgement of Receipt of Materials	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
g Driver Signature Shipment Date	n. Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	.c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator	Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title:	OPERATOR'S' SIGNATURE Data
f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date
	6 non-friable tacility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

_ ORIGINAL

ion i GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g, Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	k Quantity Units No. TYPE B - BAG BA - 6 Mil. PLASTIC BAG
From surface water impoundments and bermed pit	1 T Gr WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residenticions, I certify and warrant that the waste has been treated in accordance with the waste downward waste as defined by 40 CFR Pert 261.	is in proper condition for transportation according to P - POUNDS tricted hazardous waste subject to the Land Disposal V - YARDS
Generator Authorized Agent Name Signature	Shipment Date
	a-d, Transporter completes e-g, Transporter II competes h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name;
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials,
g	n. Driver Signature Shipment Date
	Completes a-d, destination site completes e-fi
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
	Completes a-d, (-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packs according to applicable international and national governmental regulations.
e. Operator's Name & Title:	ANEDATORS CONTINUE
f. Name and Address	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

Section I GENERATOR	Generator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Soil	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is nany applicable state law, has been properly described, classified and packaged, as applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	nd is in proper condition for transportation according to P - POUNDS patricted hazardous waste subject to the Land Disposal V - VADDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator Complete TRANSPORTER I	s a-d,Transporter complètes e-g, Transporter II competes h-n) TRANSPORTER II
a, Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	
Dumfries, VA 22026	i. Audiess.
c. Driver Name/Title: PRINT / TYPE d. Phone No.: 703-441-0999 e. Truck No.:	j. Driver Name/Title: PRIMT / TYPE k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
9. Driver Signature Shipment Date	n. Driver Signature Shipment Date
Section III DESTINATION (Generato	v Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the be	est of my knowledge the foregoing is true and accurate.
	·
1. Name of Authorized Agent Signature	Receipt Date
	or Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	•
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
marked, and labeled, and are in all respects in proper condition for transport by highway	t are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title: PRINT / TYPE	OPERATOR'S* SIGNATURE Deta
Name and Address of Responsible Agency:	Daic
g. ☐ Friable; ☐ Non-friable; ☐ Both % triable	% non-triable



If waste is ashestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} ashestos waste, complete only Sections I, II and III.

No.

21 DEIGINAL

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide:	f. Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
	The same of the sa
I. BFI WASTE CODE	1 3 8 8 9 Containers OM - METAL DRUM DP - PLASTIC DRUM
Description of Waste: Soll	k, Quantity Units No. TYPE B - BAG BA - 6 MILL PLASTIC BAG
From surface water impoundments	1 T T TRUCK
and bermed pit	O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P POUNDS
Gelletatot Withoused Whelit usule afficiente	Shipment Date /
TRANSPORTER (Remerator Completes TRANSPORTER)	a d fransporter completes a ga fransporter (2.65); and (4.1) TRANSPORTER II
A. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT/TYPE	J. Driver Name/Title: PRINT/TYPE L. Truck No.:
d. Phone No.: 703-441-0999 e. Truck No.:	
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Shipment Date	n. Driver Signature Shipment Date
and the control of th	Completes and description site completes and
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t or my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
on W ASBESTOS (Senerator	Completes a d. Fig. Operator completes of
a. Operator's* Name:	b. Operators* Phone No.:
c. Operators* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	
	and an observe interiornet one removing Seculiaries to Prince of the
e. Operator's Name & Title: PRINT / TYPE	OPERATOR'S' SIGNATURE Date
f. Name and Address	



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	Manual Cita
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.; 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owners Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k. Quantity Units No. TYPE BA -6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, If the waste is a treatment residue of a previously rea Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	I is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal he requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
TRANSPORTER I	a-d Transplater completes s-p. Transporter (Scientifics for) TRANSPORTER II
A. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	I. Address;
Dumines, VA 22020	,
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: i. Truck No.:
1. Vahicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. The Signature Shipment Date	n. Driver Signature Shipment Date
Color for Color	Driver Signature Shipment Date Gample (28.8-10. Clessivi Attorisation 2001) Planta 2.0-1
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
al one featier	d. Mailing Address. 4443 Iris RD
b. Physical Address: 4443 ITIS RD Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accurate.
•	
Name of Authorized Agent Signature	Receipt Date
HIGH ASSESTOS (Generator	Completes and 14g. Distrator completes #
a. Operator a* Name:	b. Operators* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title: PRINT / TYPE	OPERATOR'S SIGNATURE Date
f. Name and Address of Responsible Agency:	
g. ☐ Friable; ☐ Non-friable; ☐ Both % friable 9	% non-friable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

2108 GINAL

	enerator Completes all of Section ()
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.:
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG B - BAG
j. Description of Waste: Soil	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a any applicable state law, has been properly described, classified and packaged, and it applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P - POUNDS
	ed (transporter completes to a l'hansporter (compactes (en)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	Driver Name/Title
d. Phone No.: 703-441-0999 e. Truck No.:	j. Driver Name/Title: PRINT/TYPE k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
\bloop \land	
9. Shipment Date	n Shipment Date
on H	Consides s-d, costination still completes e-t)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
- Discussion Indicator Cases	
e. Discrepancy Indication Space:	of the land of the formation to have a find a sittle to
I hereby certify that the above named material has been accepted and to the best	or my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
on N ASSESTOS (Generator)	Sompletes a-d. Lg. Operator conglides eq
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	·
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are marked, and labeled, and are in all respects in proper condition for transport by highway according to the contents of this consignment are marked, and labeled, and are in all respects in proper condition for transport by highway according to the contents of the consignment are	e fully and accurately described above by proper shipping name and are classified, packed,
e. Operator's Name & Title:	
	OPERATOR'S SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOI} asbestos waste, complete only Sections I, II and III.

No.

2 baldinal

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chen	nical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane	Work Site
Morristown, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973-455-6719	f. Phone No.:	
If owner of the generating facility differs from the generator, provide:	h. Owner's Phone No.: 182 511	
g. Owner's Name:	h. Owner's Phone No.:	<u> </u>
L BFI WASTE CODE		TYPE A - METAL DRUM - PLASTIC DRUM - BAG
j. Description of Waste: Soil	k Quantity Units No. TYPE B	- 6 MIL. PLASTIC BAG or WRAP
From surface water impoundments and bermed pit		- TRUCK - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is namy applicable state law, has been properly described, classified and packaged, ar applicable regulations; AND, if the waste is a treatment residue of a previously researches, it certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	d is in proper condition for transportation according to estricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a Milking ya	UNITS - POUNDS - YARDS - CUBIC METERS - CUBIC YARDS - OTHER
Generator Authorized Agent Name Signature	Shipment Date	- Ongri
General Suprature Signature OF 11	Control of the Contro	
TRANSPORTER I	TRANSPORTER II	
a. Name: Reece Services, Inc.	h. Name:	v v
b. Address: 17756 Colonial Port RD.	i. Address:	
Dumfries, VA 22026		
C. Driver Name/Titte: PRINT / TYPE	j. Driver Name/Title:	
d. Phone No.: 703-441-0999 e. Truck No.:		VPE uck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.	
1 020	n	
Driver Signature Shipment Date	Driver Signature	Shipment Date
Vine 9 Outer I andfill	c. Phone No.: 800-785-2146	
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD	2004
Little Plymouth, VA 23091	Little Plymouth, VA 2	3091
e. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the be	st of my knowledge the foregoing is true and accurate.	
f. Name of Authorized Agent Signature	Receipt Date	
on W ASBEST 08/George	i Complete: 191, 1-9. Operator completes et	
a. Operatoris* Name:		
c. Operators* Address:		
d. Special Handling instructions and additional information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and tabeled, and are in all respects in proper condition for transport by highway	are fully and accurately described above by proper ehipping nan according to applicable international and national governmental	ne and are classified, packed regulations.
A. Onerstor's Name & Title:		L 1. I . I . L . L
e. Operator's Name & Title: PRINT / TYPE f. Name and Address	OPERATOR'S SIGNATURE	Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

ction i GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	16 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Soil	k, Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P. POUNDS tricted hazardous waste subject to the Land Disposal V. VARDS
	a-d Transporter completes e-g. Transporter II competes h-n)
TRANSPORTER I	TRANSPORTER II
a Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	i Driver Name/Title
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE k. Phone No.: 1. Truck
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g	n
Driver Signeture Shipment Date	Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
	[†]
f. Name of Authorized Agent Signature	Receipt Date
	Completes a.d. F.g. Operator completes e)
a. Operator's* Name:	b. Operators* Phone No.
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	tre fully and accurately described above by proper shipping name and are classified, packed, incording to applicable international and national governmental regulations.
o Charataria Nama 9 Titla	
e. Operator's Name & Title:	OPERATOR'S" SIGNATURE Date
Name and Address of Responsible Agency:	• ,



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	Manufactura Name
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owners Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG OF WRAP
From surface water impoundments and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residuation, i certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P-POUNDS
Stor II 313ANSPORTER (Generator Completee	
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	I Driver Name/Title:
c. Driver Name/Title:	j, Driver Name/Title: PRINT/ TYPE
	k. Phone No.: 1. Truck No.:
1. Vehicle License No./State: 45557 / 64 Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
9. Driver Signature / Shipment Date	n Shipment Date
A COLUMN TO THE PARTY OF THE PA	Completos a-cl. destination of a complete see
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foresping is true and services
Helena celtria quer que emone usurien unereusa use poeu encepten sun ro pie per	i or my movinage are reregang to the are according.
<u> </u>	
Name of Authorized Agent Signature	Receipt Date
CHOOK IV ASBEST OS (Generala)	Completive e.d. 144. Character complete at
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
c. Operator's* Address: d. Special Handling Instructions and additional information:	re fully and accurately described above by proper shipping name and are classified, packed, ecording to applicable international and national governmental regulations.
c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment at marked, and labeled, and are in all respects in proper condition for transport by highway as	
c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment as	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST ORIGINAL

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
if owner of the generating facility differs from the generator, provide:	h. Owners Phone No.:
g. Owner's Name:	
I. BFI WASTE CODE	TYPE 1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM PLASTIC DRUM
j. Description of Waste: Soil From surface water impoundments	or WRAP
and bermed pit	T -TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment, residue of a previously rest Restrictions, i certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P - POUNDS ricted hazardous wasts subject to the Land Disposal V - VADDS
TRANSPORTER I	TRANSPORTER II
a Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	Driver Name/Title: # 1115
c. Driver Name/Title:	. Driver Name/Title: PRINT/TYPE k. Phone No.:
	m. Vehicle License No./State: 2/4/2/2/3
f. Vehicle License No./State:	Acknowledgement of Receipt of Materials.
	n. 320307
9. Driver Signature Shipment Date	n. Driver Signature Shipment Date
SECTION (General)	Storpførge ud. destination blite conviction et l
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
time and an all and an	, ————————————————————————————————————
f	
Name of Authorized Agent Signature	Receipt Date
an N ASBESTOS (Generator	Completes and (sg. Operator completes A)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment armarized, and labeled, and are in all respects in proper condition for transport by highway according to the contents of the	
e. Operator's Name & Title:	
	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

Address: CP1 Columbia Road Address: Kendrick Lane Work Site Front Royal, VA 22630 1. Phone No.: 973-455-6719 1. Phone No.: 973-455-6719 1. Phone No.: 973-455-6719 1. Phone No.: 170-170-170-170-170-170-170-170-170-170-	inn I GENERATOR (G a. Generator Name: Honeywell	enerator Completes all of Section 5 b. Generating Location: Former Allied Chemical - Front Royal
A. Phone No.: 973-455-6719 I. Phone No.: 974-975-975 I. Phone No.: 974-975 I. Phone No.		
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide: g. Corrier's Name: b. BT WASTE CODE LISS V7 Description of Wester. SOIL From surface water impoundments and bermed pit GENERATOR SCETTIFICATION: I hereby certify that the above named nationals is not a hasterdous waste as defined by 40 CFR Part SSI or own supplication state for in the heat properly described, cleaned on a performance of the current and bermed pit GENERATOR SCETTIFICATION: I hereby certify that the above named nationals is not a hasterdous waste as defined by 40 CFR Part SSI or own supplication state for the suste has been hasted in scored-and provided in source as defined by 40 CFR Part SSI or own supplication state as defined by 40 CFR Part SSI or own supplication state as defined by 40 CFR Part 251. Address: GENERATOR SCETTIFICATION: Signature Signature Signature Signature Signature Signature Signature Signature Signature TRANSPORTER I A Name: Reace Services, inc. D. Address: T756 Colonial Port RD. Durnfries, VA 22026 C. Driver Name/Tible: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Diver Signature Acknowledgement of Receipt of Materials. C. Phone No.: 800-785-2146 d. Mailing Address Signature Signa		
Commert's Name:		
g. Cemarts Name: 1. BFI WASTE CODE 1. 1 3 8 8 9 Containers 1. Description of Wester: Soil From surface water impoundments and bermed pit GatherNorts CERTIFICATION: I heavy certly that the above named material is not a hazardous waste as defend by 40 CFR Part 28 or 37 CFR Part 28 or 37 CFR Part 28 or 38 Part 29 CFR Part 29 CFR Part 29 CFR Part 29 Or 38 Part 29 CFR Part		
L SFI WASTE CODE Description of Wester SOII Prom surface water Impoundments and bermed pit EINBATCHOR CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 351 or sury applicable state law, has been properly described, clearfield and pickogad, and is in proper condition for transportation according to sury applicable state law, has been properly described, clearfield and pickogad, and is in proper condition for transportation according to sury applicable state law, has been properly described, clearfield and pickogad, and is in proper condition for transportation according to sury applicable state law, has been properly described, clearfield and pickogad, and is in proper condition for transportation according to sury applicable state law, has been properly described, clearfield and pickogad, and is in proper condition for transportation according to sury applicable state law, has been properly described, clearfield and pickogad, and is in proper condition for transportation according to sury applicable state law, has been properly described properly and pro		h. Owner's Phone No.:
Description of Wester Soil		Containers TYPE
Description of Waste: SOII Section Description Des	i. BFI WASTE CODE	DP - PLASTIC DRUM
Address: Transport Transp	J. Description of Waste: Soil	K. Quartury Gints 100. 1172 BA - 6 MIL. PLASTIC BAG
any applicable stata law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulation, AMD, if the waste is a trowner reaction of a proviously restricted hazardous wastes as abject to the land Disposed Roundstone, I certify and warrant that the waste has been breaded in accordance with the requirements of 40 CPR Part 203 and is no longer a proviously restricted hazardous wastes as abject to the land Disposed Synthesis and Disposed Py - VARDS QY - VA	•	TRUCK
espications, AMD, if the weate is a treatment residue of a previously restricted bazardous weate subject to be land Disposed Medicing and the weate has the weate has been treated in accordance with the requirements of 40 CPR Per 1288 and is no longer and the weate has been treated in accordance with the requirements of 40 CPR Per 1288 and is no longer and the weater has been treated in accordance with the requirements of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is no longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the requirement of 40 CPR Per 1288 and is not longer and the	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not	a hazardous waste as defined by 40 CFR Part 281 or UNITS
Generator Authoritate Agent Name Signature Shipment Date TRANSPORTER I A. Name: Reece Services, Inc. D. Address: 17756 Colonial Port RD. Dumfries, VA 22026 C. Driver Name/Title: Paint/ TYPE d. Phone No.: 703-441-0999 e. Truck No.: I. Truck No.: II. Truck No.: II. Truck No.: II. Truck No.: II. Truck No.: III. T	applicable regulations; AND, if the waste is a treatment residue of a previously resi Restrictions, I certify and warrant that the waste has been treated in accordance with the	tricted hazardous waste subject to the Land Disposal Y . YARDS to requirements of 40 CFR Part 268 and is no longer a M3-CUBIC METERS
TRANSPORTER I 8. Name: Reace Services, Inc. D. Address: 17756 Colonial Port RD. Dumfries, VA 22026 C. Dirver Name/Title: Pest/TYPE d. Phone No.: 703-441-0999 e. Truck No.: I. Address: Acknowledgement of Receipt of Materials. G. Phone No.: I. Truck No.: I. T		
TRANSPORTER I a. Name: Reece Services, Inc. b. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title: PRINT/TYPE d. Phone No.: 703-441-0999 e. Truck No.: f. Vehicle Lioense No./State: Acknowledgement of Receipt of Materials. d. Phone No.: Name: King & Queen Landfill b. Physical Address: 4443 Iris RD Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hersby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accibrate. Thems of Authorized Agent Signature a. Signature Receipt Date Discrepancy Indication Space: I hersby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accibrate. Thems of Authorized Agent Signature Receipt Date D. Operator's Name: D. Operator's Name: D. Operator's Name: D. Operator's Name: D. Operator's Name & Title: PRINT/TYPE OPERATOR'S CERTIFICATION: I hereby declare that the confiants of this consignment are fully and accountedly described above by proper shipping name and are cleasifled, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable intermetional and nettonal governmental regulations. OPERATOR'S CERTIFICATION: I hereby declare that the confiants of this consignment are fully and accountedly described above by proper shipping name and are cleasifled, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable intermetional and nettonal governmental regulations. OPERATOR'S CERTIFICATION: I hereby declare that the confiants of this consignment are fully and accounted by declare that the confiants of this consignment are fully and accounted by declare that the confiants of transport by highway according to applicable intermetional and nettonal governmental regulations.	Generator Authorized Agent Name Signature	Shipment Date
A Name: Reece Services, Inc. b. Address: 17756 Colonial Port RD. Dumfries, VA 22026 c. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: f. Vehicle License No./State: Acknowledgement of Receipt of Materials. phone Signature Shipment Date Shi		a.d./Transporter completes a.g. Transports/Desires/ter h.p.(
Dumfries, VA 22026 c. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: t. Vehicle License No./State: Acknowledgement of Receipt of Materials. g. Driver Signature Acknowledgement of Receipt of Materials. A	er.	TRANSPORTER II
Dumfries, VA 22026 c. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: t. Vehicle License No./State: Acknowledgement of Receipt of Materials. g. Driver Signature Bot. II Driver Signature Shipment Date Shipment Date		h. Name:
c. Driver Name/Title: d. Phone No.: 703-441-0999 e. Truck No.: f. Vehicle License No./State: Acknowledgement of Receipt of Materials. d. Phone No.: M. Vehicle License No./State: Acknowledgement of Receipt of Materials. d. Phone No.: M. Vehicle License No./State: Acknowledgement of Receipt of Materials. d. Phone No.: M. Vehicle License No./State: Acknowledgement of Receipt of Materials. n. Driver Signature Shipment Date DESTINATION (Gondant) Driver Signature Shipment Date Distribution Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. t. Name of Authorized Agent Signature Bignature ASSENTOS (Generator's Phone No.: d. Special Handling Instructions and additional information: Destator's Name: Destator's Phone No.: d. Special Handling Instructions and additional information: Destator's Centrification in Instruction and additional information: Destator's Centrification in Instruction and additional information: Destator's Centrification in Instruction and additional information: Destator's Name & Title: PRINT TITLE PRINT TITLE Destator's Stauxture OPERATOR'S CENTIFICATION: Thereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labelled, and are in all respects in proper condition for transport by highway according to applicable international governmental regulations. e. Operator's Name & Title: PRINT TITLE Destator Destator's Stauxture J. Driver Name In Title Instructions and Additional programment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labelled, and are in all respects in proper condition for transport by highway according to applicable international arid rational governmental regulations.		i. Address:
d. Phone No.: 703-441-0999 e. Truck No.: f. Vehicle License No./State: Acknowledgement of Receipt of Materials. g. Chree Signature Shipment Date Discrimantal Complete Signature Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Shipment Date Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Shipment Date Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Shipment Date Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Shipment Date Acknowledgement of Receipt of Materials. n. Discrimantal Complete Signature Acknowledgement of Receipt Of Materials. n. Discrimantal Complete Signature Acknowledgement of Receipt Of Materials. n. Discrimantal Complete Signature Acknowledgement of Receipt Of Materials. Acknowledgement of Receipt Of Materials. n. Discrimantal Complete Signature Acknowledgement of Receipt Of Materials. n. Discrimantal Complete Signature Acknowledgement of Receipt Of Materials. n. Discrimantal Complete Signature Acknowledgement of Receipt Of Materials. Acknowledgement of Receipt Of Materials. n. Discrimantal Complete Signatur	Dumfries, VA 22026	
d. Phone No.: 703-441-0999 e. Truck No.: k. Phone No.: I. Truck No.: I. Truck No.: II. Truck No.: III. No.: III. Truck No.: III. Truck No.: III. Truck No.: III. Truck No.: III. No.: III. Truck No.: III. Acknowledgement of Receipt of Recei	c. Driver Name/Title:	j. Driver Name/Title:
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.	d. Phone No.: 703-441-0999 e. Truck No.:	
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.	f. Vehicle License No./State:	m. Vehicle License No./State: 3 / 6 / 7 / 7
Driver Signature Driver Signature	Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
ASSESTOS (centrator's* Phone No.: DESTINATION Gastered and to the best of my knowledge the foregoing is true and accurate. ASSESTOS (centrator's * Phone No.: Degrator's * Address: Degrator's * Address: Degrator's * Address: Degrator *	a 207	
a. Site Name: King & Queen Landfill c. Phone No.: 800-785-2146 b. Rhysical Address: 4443 Iris RD Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date 1. Name of Authorized Agent Signature Compilers at 3.79, Operator compilers st. a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable intermational and national governmental regulations. 9. Operator's Name & Title: PRINT / TYPE OPERATOR'S SIGNATURE Date 1. Name and Address		
b. Physical Address: Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international governmental regulations. 7. Operator's Name & Title: PRINT / TYPE OPERATOR'S SKINATURE Date 7. Name and Address		
Little Plymouth, VA 23091 e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date ASBESTAS (Generator Completes and Tas. Operator completes and Tas. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international arid national governmental regulations. e. Operator's Name & Title: PRINT/TYPE OPERATOR'S SIGNATURE Date 1. Name and Address	a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature Receipt Date	b. Rhysical Address: 4443 Iris RD	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. I Name of Authorized Agent Signature Receipt Date ASBESTOS (Generator Complete conditions Complete conditions) a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional Information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date 1. Name and Address	Little Plymouth, VA 23091	Little Plymouth, VA 23091
f. Name of Authorized Agent Signature Receipt Date ### ASBESTOS (Generator Completes at 1.74, Obernator completes at 2.74, Obernator completes at 3.74, Obernator completes at 3.74, Obernator at 3.74, Ob	e. Discrepancy Indication Space:	
Name of Authorized Agent Signature ASBESTOS (Completes Completes of C. 1.6. Operator completes of C. 1.6. Operator's* Name: a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S SIGNATURE Date f. Name and Address	I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional Information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S SKINATURE Date 1. Name and Address		†
a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional Information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S SKINATURE Date 1. Name and Address	Name of Authorited Accept	Boards Bots
a. Operator's* Name: Departor's* Address: Departor's* Address: Departor's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Departor's Name & Title: PRINT / TYPE Detartor's Stanature Date 1. Name and Address		
c. Operator's * Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S SIGNATURE Date 1. Name and Address	ADDITED AND GENERAL CONTRACTOR OF THE PROPERTY	
d. Special Handling Instructions and additional Information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. 9. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address	a. Operator's* Name:	b. Operator's* Phone No.:
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. e. Operator's Name & Title: PRINT / TYPE OPERATOR'S SIGNATURE Date 1. Name and Address	c. Operators* Address:	
marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. 9. Operator's Name & Title: PRINT / TYPE OPERATOR'S* SKINATURE Date 1. Name and Address	d. Special Handling Instructions and additional Information:	
PRINT / TYPE OPERATOR'S* SIGNATURE Date 1. Name and Address		
f. Name and Address	e. Operator's Name & Title:	
	f. Name and Address	OPERATOR'S* SIGNATURE Date



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST ORIGINAL If waste is asbestos waste, complete Sections I, II, III and IV.

if waste is NOT asbestos waste, complete only Sections I, II and III.

tion 1 GENERATOR (C	Senerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Weste: Soil	k Quantity Units No. TYPE BA 6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	1 T T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residuations, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	It is in proper condition for transportation according to p - POUNDS
Generator Authorized Agent Name Signature	Shipment Date
	a-d,Transporter completes e-g, Transporter II contpetes b-n.)
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRRT) TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: i. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
	n.
g	Driver Signature Shipment Date
	Completes a-d, destination site completes a-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	:
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
Thorpay octally and ano amore managed in the source of the	i.
t	
Name of Authorized Agent Signature	Receipt Date
· · · · · · · · · · · · · · · · · · ·	Completes a-d, 1-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operators* Address:	
d. Special Handling instructions and additional information:	
	re fully and accurately described above by proper shipping name and are classified, packed,
e. Operator's Name & Title:	OPERATOR'S' SIGNATURE Date
f. Name and Address of Responsible Agency:	Date Date
g Friable; _ Non-triable; _ Both % friable % *Operator refers to the company which owns, leases, operates, controls, or supervises the	6 non-friable facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
Address: 101 Columbia Road	Mandulate Lama 10/auto Otta
Morristown, NJ 07960	Front Royal, VA 22630
. Phone No.: 973-455-6719	
owner of the generating facility differs from the generator, provide:	and the same of th
ı. Owner's Name:	h. Owners Phone No.:
BFI WASTE CODE LIB Y7	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG
Description of Waste: Soil	K. Guardity USBS 140. TTPE BA - 6 MIL PLASTIC BAG
From surface water impoundments and bermed pit	T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal to requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER Shipment Date
THAMSPORTER (Generator Completes) TRANSPORTER I	n d Transporter Straphore and Transporter (Petringsfeet hen) TRANSPORTER II
Name: Reece Services, Inc.	h. Name:
Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	I. Augioss.
Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE
i. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:i. Truck No.:
Vehicle License No./State: 4 1 5 F 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
Driver Signature Shipment Date	n Shipment Date
Accept the Control of	Sampletus a.d. destination also obtaines e-fi
Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
Physical Address: 4443 Iris RD	· d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
Discrepancy Indication Space:	
hereby cartify that the above named material has been accepted and to the best	of my knowledge the forestine in two and excitate
normy voting may no above named material may been accepted and to the best	or my warmings are receiping is the and accurate.
Name of Authorized Agent Signature	Receipt Date
HAV ASSESTOS (Generator	Occupition and Fig. Operator completes ()
a. Operator's* Name:	b. Operators* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment armarked, and labeled, and are in all respects in proper condition for transport by highway ac	e fully and accurately described above by proper shipping name and are classified, packs coording to applicable international and national governmental regulations.
e. Operator's Name & Title:	
. Name and Address	OPERATOR'S SIGNATURE Dete



If waste is aspestos waste, complete Sections I, II, III and IV. If waste is \underline{NOI} aspestos waste, complete only Sections I, II and III.

No.

a. Generator Name:		b. Generating Location: Former Allied C	nemical - Front Royal
c. Address: 101 Co			
	town, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973	455-6719	f. Phone No.:	
	ting facility differs from the generator, provide:	:	
g. Owner's Name:		h. Owner's Phone No.:	
I. BFI WASTE CODE	L I 8 Y 7	1 3 8 8 9 Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Was	he: Soil	k, Quantity Units No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG
and bermed			or WRAP T - TRUCK O - OTHER
any applicable state applicable regulations Restrictions, I certify (hazardous waste as d	[FICATION: I hereby certify that the above named material is not law, has been properly described, classified and packaged, and; AND, if the waste is a treatment residue of a previously real and warrant that the waste has been treated in accordance with the stined by 40 CFR Part 261.	is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal	P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
	Agent Name Signature		O - OHIER
Generator Authorized		Shipment Date	I Commission of the Commission
	TRANSPORTER I	TRANSPORTER	
a. Name: Reece S	Services, Inc.	h. Name:	
	Colonial Port RD.	i. Address:	
	ries, VA 22026		
c. Driver Name/Title:		i Driver Neme/Title	
d. Phone No.: 703	PRINT / TYPE	j. Driver Name/Title: PR	
			E HUCK NO.,
f. Vehicle License No Acknowledgeme	nt of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Material	8.
	CONTON TOPPET		
G. Driver Signature	Shipment Date	n. Driver Signature	Shipment Date
(ii) ii ill		cromplante and alexandran salte than allerens	
a. Site Name:	King & Queen Landfill	c. Phone No.: 800-785-2146	
b. Physical Address:	4443 Iris RD	d. Mailing Address. 4443 Iris RD	
	Little Plymouth, VA 23091	Little Plymouth, V	'A 23091
e. Discrepancy Indic	ation Space:		
	ne above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accura	te.
Heioty Contry diet a	to any transfer in the poor and the any and any any and any any and any any and any	4.	
f			
Name of Authorized A		Receipt Date	
March V	ASRESTOS (Comparato)	Сопринента (нд. Орегион сонтрешент)	
a. Operator's* Nam	ə:	b. Operator's* Phone No.:	
c. Operator's* Addr	688:		·
d. Special Handling	Instructions and additional information:		
	PICATION: I hereby declare that the contents of this consignment and are in all respects in proper condition for transport by highway a		
marked, end labeled,	& Title:		



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
a. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
	Containers TYPE
i. BFI WASTE CODE	1 3 8 8 9 DM - METAL DRUM
J. Description of Waste: Soil	k. Quantity Units No. TYPE B - BAG BA - 6 MIL, PLASTIC BAG
From surface water impoundments	1 T T TRUCK
and bermed pit	O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously real Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P - POUNDS tricted hazardous waste subject to the Land Disposal V - VARDS
Generator Authorized Agent Name Signature	Shipment Date
ion II TRANSPORTER (Generator Completes	
TRANSPORTER I	TRANSPORTER II
A. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title:
d, Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Driver Signature Shipment Date	Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
	···
f. Name of Authorized Agent Signature	Receipt Date
	Completes a-d, 1-g, Operator completes e)
a. Operator's* Name: c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packe
The second of th	от от темперация в при на при
e. Operator's Name & Title:	
e. Operator's Name & Title: PRINT / TYPE 1. Name and Address	OPERATOR'S* SIGNATURE Date



DESTINATION OCTION WILITE . DETIION TO CENEDA

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFESTRIGINAL

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Che	
Address: 101 Columbia Road	d. Address: Kendrick Lane	Work Site
Morristown, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973-455-6719	f. Phone No.:	· · · · · · · · · · · · · · · · · · ·
If owner of the generating facility differs from the generator, provide:	Lag 11 1821	811
g. Owner's Name:	h. Owner's Phone No.:	en p p
BFI WASTE CODE	1 3 8 8 9 Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste: Soil	k. Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	L	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 281.	is in proper condition for transportation according to ricted hazardous waste subject to the Land Disposal a requirements of 40 CFR Part 288 and is no longer a	UNITS P - POUNDS Y - YARDS M3 - CUBIC METERS Y3 - CUBIC YARDS O - OTHER
		O - O Mich
Generator Authorized Agent Name Signature SIGNATURE SIGNATURE SIGNATURE SI	Shipment Date	
TRANSPORTER I	TRANSPORTER II	
Reece Services, Inc.	h. Name:	
b. Address: 17756 Colonial Port RD.	ł. Address:	
Dumfries, VA 22026		
c. Driver Name/Title:	j. Oriver Name/Title:	:
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:	Truck No.:
1. Vehicle License No./State:	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.	
	l n	
Driver Signature Shipment Date	Driver Signature	Shipment Date
	Completes and destination star confidences	
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146	
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD	
Little Plymouth, VA 23091	Little Plymouth, VA	23091
9. Discrepancy Indication Space:		· .
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate	•
	·	
t. Name of Authorized Agent Signature	Beautiful Bala	
	Receipt Date	
bit IV ASBESTOS (Generator	Completes a C. Fig. Commer completes of	
a. Operator's* Name:	b. Operator's* Phone No.:	
c. Operators* Address:		
d. Special Handling Instructions and additional Information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment as marked, and labeled, and are in all respects in proper condition for transport by highway as	re fully and accurately described above by proper shipping ocording to applicable international and national governmen	name and are classified, packe tal regulations.
e. Operator's Name & Title:		
f. Name and Address	OPERATOR'S SKINATURE	Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.: 4/2/3/2/3/2/12/14
i. BFI WASTE CODE	1 3 8 8 9 Containers OM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T OT WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment realdue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to indeted hazardous waste subject to the Land Disposal requirements of 40 CFR Part 288 and is no longer a Y3 - CUBIC METERS
Génerator Authorized Agent Name Signature	0 - OTHER
	Shipment Date
TRANSPORTER (Generala: Completes a TRANSPORTER I	e d'Amusporter completes segl' Transpersor il somme es mag. TRANSPORTER II
a. Name: Reece Services, Inc.	
b. Address: 17756 Colonial Port RD.	h. Name:
	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: I. Truck No.:
1. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9.507/a.a.1. 1024847	n
Driver Signature Shipment Date	n. Driver Signature Shipment Date
	Completes and destination after completes (3)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Malling Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accilirate
The state of the s	'
f	
Name of Authorized Agent Signature	Receipt Date
on 10 ASBESTOR (Genomics)	Completes SXI, Fg. Operator completes ()
a: Operator's" Name:	b. Operator's* Phone No.:
c. Operators* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment ar marked, and labeled, and are in all respects in proper condition for transport by highway ac	e tully and accurately described above by proper shipping name and are classified, packet cording to applicable international and national governmental regulations.
a Cinaratur's Nama & Title	ППП
PRINT / TYPE	OPERATOR'S* SIGNATURE
f. Name and Address	Date Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

on I GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	•
g. Owner's Name:	h. Owner's Phone No.;
I. BFI WASTE CODE L I 8 Y 7 Description of Waste: Soil From surface water impoundments	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG OF WRAP
and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res. Restrictions, I certify and warrant that the waste has been treated in accordance with the hezerdous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to the property of the first property of the property of the first property of t
Generator Authorized Agent Name Signature	Shipment Date
on II TRANSPORTER (Generator Completes TRANSPORTER I	a-d,Transporter completes e-g, Transporter II competes ti-n.) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	I. Address:
Dumfries, VA 22026	I. Additos.
c. Driver Name/Title:PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k, Phone No.:i. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
Acknowledgement of Receipt of Materials.	Acknowledgement of Necespt of Waterland.
g. Shipment Date	n, Driver Signature Shipment Date
	Completes a-d, destination site completes a-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	t of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent Signature	Receipt Date
ion IV ASBESTOS (Generator	Completes a-d. 1-g, Operator completes e)
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
	ere fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	3
marked, and labeled, and are in all respects in proper condition for transport by highway a	
	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

A		enerator Completes all of Section 1)
	a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
(Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
	Morristown, NJ 07960	Front Royal, VA 22630
,	a. Phone No.: 973-455-6719	f. Phone No.:
	fowner of the generating facility differs from the generator, provide;	
	g. Owner's Name:	h. Owners Phone No.:
	BFI WASTE CODE	Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG BAG BAG BAG BAG BAG BAG BAG
į	Description of Waste: Soil From surface water impoundments	or WRAP
	and bermed pit	T TRÜCK O OTHER
	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest. Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to netted hazardous waste subject to the Land Disposal a regulrements of 40 CFR Part 268 and is no longer a Ms. CUBIC METERS Y3 - CUBIC YARDS O - OTHER
98		Shipment Date -d, Transporter completes e-g, Transporter (1) competes to n
2.8	TRANSPORTER I	TRANSPORTER II
	A Name: Reece Services, Inc.	h. Name:
	b. Address: 17756 Colonial Port RD.	i. Address:
	Dumfries, VA 22026	
	c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title:
	d. Phone No.: 703-441-0999 e. Truck No.:	J. Driver Name/Title: PRINT / TYPE k. Phone No.: i. Truck No.:
	f. Vehicle License No./State:	m. Vehicle License No./State:
	Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
		n
	Driver Signature Shipment Date	Driver Signature Shipment Date
		Completes a-d, destination site completes e-fl
	a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	b. Physical Address: 4443 Iris RD	d. Malling Address. 4443 Iris RD
	Little Plymouth, VA 23091	Little Plymouth, VA 23091
. ,	a. Discrepancy Indication Space:	
•	hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate.
	Name of Authorized Agent Signature	
		Receipt Date
		Completes a-d., f-g. Operator completes ej
	a. Operator's* Name:	
	c. Operator's* Address:	
	d. Special Handling Instructions and additional information:	
	OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are marked, and labeled, and are in all respects in proper condition for transport by highway according to the content of the content o	e fully and accurately described above by proper shipping name and are classified, packed, cording to applicable international and national governmental regulations.
	e. Operator's Name & Title: PRINT/TYPE	
	PRINT / TYPE	OPERATOR'S" SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is $\underline{\text{NOT}}$ asbestos waste, complete only Sections I, II and III.

No.

a. Generator Name: Honeywell	b. Generating Location: Former Allied Ch	
c. Address: 101 Columbia Road		Work Site
Morristown, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973-455-6719	f. Phone No.:	
If owner of the generating facility differs from the generator, provide:		
g. Owner's Name:	h. Owner's Phone No.:	
i. BFI WASTE CODE	1 3 8 8 9 Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k Quantity Units No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit		or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the wasts is a treatment residue of a previously res Restrictions, I certify and warrant that the wasts has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal	P - POUNDS Y - YARDS M3 - CUBIC METERS Y3 - CUBIC YARDS
ESONOTE LES	12011	O - OTHER
Generator Authorized Agent Name Signature	Shipment Date	
IDP II TRANSPORTER (Generator Completes TRANSPORTER I	a d Transporter conscious e.g., Transporter il TRANSPORTER II	
R. Name: Reece Services, Inc.		
	h. Name:	
b. Address: 17756 Colonial Port RD.	i. Address:	
Dumfries, VA 22026		
c. Driver Name/Title:PRINT / TYPE	j. Driver Name/Title:	T/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:	I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials	
6 / X/ 1/27 1 1/10 1 1/10 1 1/10 1 1/10 1 1	n	
Driver Signature Shipment Date	Driver Signature	Shipment Date
Ving 8 Overall and till	Completes and identification completes of	
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146	
b. Physical Address: 4443 Iris RD	· d. Mailing Address. 4443 Iris RD	
Little Plymouth, VA 23091	Little Plymouth, V	\ 23091
e. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accorat	3.
	*	
Name of Authorized Agent Signature	Receipt Date	>>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ion W ASBESTOS (Generator	Complies as the Operator completes of	
a. Operator's* Name:	b. Operator's* Phone No.:	· · · · · · · · · · · · · · · · · · ·
c. Operator's* Address:		
d. Special Handling Instructions and additional Information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper ehipping coording to applicable international and national governme	name and are classified, packed tal regulations.
e. Operator's Name & Title:		ППП
PRINT / TYPE	OPERATOR'S SIGNATURE	Date
f. Name and Address	-	



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

sion 1 GENERATOR (Generator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address; 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
if owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE j. Description of Waste: Soil	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	1 T T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hezardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	d is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS Y3 - CUBIC YARDS
Generator Authorized Agent Name signature IGOT II TRANSPORTER (Generator Completes	
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	i Driver Nemo(Title)
c. Driver Name/Title. PRINT/TYPE d. Phone No.: 703-441-0999 e. Truck No.:	j. Driver Name/Title: PRINT / TYPE
	k. Phone No.:
f. Vehicle License No./State: Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
g	J.,
Driver Signature Shipment Date Rion III DESTINATION (Generator	Driver Signature Shipment Data r Completes a-d, destination site completes a-f)
King & Ougan Landfill	900-785-2146
. 60.010 10.1101	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	·
I hereby certify that the above named material has been accepted and to the bear	·
f. Name of Authorized Agent Signature	
	Receipt Date
	r Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
	are fully and accurately described above by proper shipping name and are classified, packed,
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway	according to applicable international and national governmental regulations.
	according to applicable international and national governmental regulations. OPERATOR'S* SIGNATURE Date

BFI

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and ΓV . If waste is \underline{NOI} asbestos waste, complete only Sections I, II and III.

No.

oction) GENERATOR (G	teriorator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	the Augustin
g. Owner's Name:	h. Owner's Phone No.: 410 182 31
I. BFI WASTE CODE J. Description of Waste: Soil	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T OT WRAP T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously reservations, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 281.	is in proper condition for transportation according to P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date
ECTION II TRANSPORTER (Generator Contidents TRANSPORTER I	TRANSPORTER II
A Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:i. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
ection (III DESTIMATION (Generator	Completes 5-d, destination and completes 9-9
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
	· · · · · · · · · · · · · · · · · · ·
f. Name of Authorized Agent Signature	Receipt Date
	Completes and, 1/g, Operator completes et
a. Operator's* Name: c. Operator's* Address:	• • • • • • • • • • • • • • • • • • • •
d. Special Handling instructions and additional information:	as the control of the
marked, and labeled, and are in all respects in proper condition for transport by highway a	re fully and accurately described above by proper shipping name and are classified, packed, coording to applicable international and national governmental regulations.
e. Operator's Name & Title:	GPERATOR'S' SIGNATURE Date
Name and Address of Responsible Agency:	
g. ☐ Frieble: ☐ Non-frieble: ☐ Both % frieble %	6 non-friehle



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	and the state of t
g. Owner's Name:	h. Owners Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers TYPE DM - METAL DRUM DP PLASTIC DRUM
j. Description of Waste: Soil	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG
From surface water impoundments	1 T T OF WRAP
and bermed pit	O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P - POUNDS ricted hazardous weste subject to the Land Disposal V - VARDS
Generator Authorized Agent Name Signature	Shipment Date
on II THANSPORTER (Generator Completes a	
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: PRINT / TYPE
f. Vehicle License No./State: Acknowledgement of Receipt of Materials.	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
9	n. Driver Signature Shipment Date
on III DESTINATION (Generator)	Completes a-d, destination site completes e-ij
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Malling Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate
Thereal entitle mot the most intitled distinguished the pool decelled sign to his pool	
t	
Name of Authorized Agent Signature	Receipt Date
on IV ASBESTOS (Generator	Completes a.d., f-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operators* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CENTIFICATION: I hereby declare that the contents of this consignment ar marked, and labeled, and are in all respects in proper condition for transport by highway ac	
a Cinerator's Name & Title	
e. Operator's Name & Title: PRINT / TYPE	OPERATOR'S? SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NQT} asbestos waste, complete only Sections I, II and III.

No.

on l		(Generator Completes all of Section 1)
a. Generator Name:	•	
c. Address: 101 C	olumbia Road	d. Address: Kendrick Lane Work Site
Morris	town, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973		f. Phone No.:
If owner of the genera	ating facility differs from the generator, provide:	Service Control of the Control of th
g, Owner's Name:		h. Owner's Phone No.:
i. BFI WASTE CODE		1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM B - BAG B - BAG DRUM
j. Description of Was	· · · · · · · · · · · · · · · · · · ·	BA -6 MIL, PLASTIC BAC
and bermed	e water impoundments nit	T TRUCK O OTHER
any applicable state applicable regulations Restrictions, I certify hazardous waste as d	IFICATION: I hereby certify that the above named material is n law, has been properly described, classified and packaged, and; AND, if the waste is a treatment residue of a previously n and warrant that the waste has been treated in accordance with effined by 40 CFR Part 261. Agent Name Signature	nd is in proper condition for transportation according to P - POUNDS extricted hazardous waste subject to the Land Disposal V VARIOS
		s a-d, Transporter completes e-g, Transporter II competes (i-n.)
	TRANSPORTER I	TRANSPORTER II
a Name: Reece		h. Name:
b. Address: 17750	Colonial Port RD.	i. Address:
Dumf	ries, VA 22026	
c. Driver Name/Title		j. Driver Name/Title: PRINT / TYPE
	PRINT/TYPE 3-441-0999 e. Truck No.:	
,	p./State:	m. Vehicle License No./State:
Acknowledgeme	ant of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature	Shipment Date	n. Driver Signature Shipment Date
on III	DESTINATION (Generato	or Completes a.d. destination site completes e-1)
a. Site Name:	King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address:	4443 Iris RD	· d. Mailing Address. 4443 Iris RD
	Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indic	ation Space:	
	ne above named material has been accepted and to the be	**
Thereby certify state	The superior that the second development and to the se	The state of the s
f		
Name of Authorized		Receipt Date
ion IV	ASBESTOS (Generato	or Completes a-d, f-g, Operator completes ej
a. Operator's* Nam	ne:	b. Operator's* Phone No.:
c. Operator's* Add	ess:	
d. Special Handling	Instructions and additional information:	
OPERATOR'S CERT	IFICATION: I hereby declare that the contents of this consignment	t are fully and accurately described above by proper shipping name and are classified, pack according to applicable international and national governmental regulations.
e. Operator's Name	& Title: PRINT / TYPE	
p	PRINT / TYPE	OPERATOR'S* SIGNATURE Date
t. Name and Addre of Responsible A		



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

1.42

ction 1 GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	and the second s
g. Owner's Name:	h, Owner's Phone No.:
i. BFI WASTE CODE J. Description of Waste: Soil	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG B - BA
From surface water impoundments	or WRAP
and bermed pit	T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hezardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to p pounds tricted hazardous waste subject to the Land Disposal v yapna
ection II TRANSPORTEA (Generator Completes	
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	Debug Namo/Title:
c. Driver Name/Title: PRINT/TYPE d. Phone No.: 703-441-0999 e. Truck No.:	j. Driver Name/Title: PRINT / TYPE k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy indication Space:	
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	are fully and accurately described above by proper shipping name and are classified, packed, according to applicable international and national governmental regulations.
e. Operator's Name & Title: PRINT / TYPE	
f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date
	% non-friable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

on I	GENERATOR (Generator Completes all of Section 1)
	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator,	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE J. Description of Waste: Soil	Y 7 1 1 3 8 8 9 Containers TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T T T TRUCK O OTHER
GENERATORS CERTIFICATION: I hereby certify that the above any applicable state law, has been properly described, classic applicable environment and the wester is a treatment real	ve named material is not a hazardous waste as defined by 40 CFR Part 261 or ified and packaged, and is in proper condition for transportation according to idue of a previously restricted hazardous waste subject to the Land Disposal ted in accordance with the requirements of 40 CFR Part 268 and is no longer a Y2 - CUBIC METERS Y2 - CUBIC YARDS O - OTHER
	Shipment Date
ion II TRANSPORTER (Ge TRANSPORTER I	merator Completes a-d,Transporter completes a-g, Transporter II competes h-n) TRANSPORTER II
a. Name: Reece Services, Inc.	
	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
C. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck N	No.: I. Truck No.:
Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Acknowledgement of Receipt of Materials.	n
Driver Signature	Shipment Date Driver Signature Shipment Date
	ATION (Generator Completes a.d. destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 2309	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been ac	ccepted and to the best of my knowledge the foregoing is true and accurate.
	·
f. Name of Authorized Agent Signature	Receipt Date
	ESTOS (Generator Completes a-d, 1-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
	ents of this consignment are fully and accurately described above by proper shipping name and are classified, packed
	for transport by highway according to applicable international and national governmental regulations. OPERATOR'S' SIGNATURE Date
e. Operator's Name & Title:	



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

	enerator Completes all of Section 1)	
a. Generator Name: Honeywell	b. Generating Location: Former Allied Che	mical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane	Work Site
Morristown, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973-455-6719	f. Phone No.:	
If owner of the generating facility differs from the generator, provide:	CAN ALL MAN	1-2-11
g. Owner's Name:	h. Owners Phone No.: 410 162	
I. BFI WASTE CODE	<u> </u>	IYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
J. Description of Waste: Soil	k, Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP
From surface water impoundments and bermed pit		- TRUCK D - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residuations, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 201. Generator Authorized Agent Name Signature	is in proper condition for transportation according to incided hazardous waste subject to the Land Disposel to requirements of 40 CFR Part 268 and is no longer a	UNITS P - POUNDS Y - YARDS M3 - CUBIC METERS M3 - CUBIC YARDS D - OTHER
	элрини рие э-с Параричин соновния е-д Зтанаритека	
TRANSPORTER I	TRANSPORTER II	
a. Name: Reece Services, Inc.	h. Name:	·
b. Address: 17756 Colonial Port RD.	i. Address:	
Dumfries, VA 22026		
	L. Ontrophic and Cities	
c. Driver Name/Title: PRINT / TYPE	j. Driver Name/Title: PRINT	TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.:i.	Truck No.:
1. Venicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.	
Acknowledgement of Receipt of Materials.	Ackilowing genterit of neceipt of materials.	
g. Driver Signature Shipment Data	n. Driver Signature	Shipment Date
Stupment Date	Complition as sees that we save does become	
	c. Phone No.: 800-785-2146	
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD	
Little Plymouth, VA 23091	Little Plymouth, VA	23001
Little Flymodal, VA 23091	Eltie Flymouti, VA	20031
e. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best	t of my knowledge the foregoing is true and accurate.	•
f. Name of Authorized Agent Signature	Receipt Date	
	Considers and Fig. Operator completes a	
a. Operator's* Name:	b. Operators* Phone No.:	
c. Operators* Address:		
d. Special Handling instructions and additional information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a		
e. Operator's Name & Title:		
f. Name and Address of Responsible Agency:	OPERATOR'S' SIGNATURE	Date
g. ☐ Friable; ☐ Non-friable; ☐ Both % friable % *Operator refers to the company which owns, leases, operates, controls, or supervises the	6 non-friable facility being demolished or renovated, or the demolition or n	enovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

tion GENERATOR (C	senerator Completes all of Section 1)	
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical -	Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Wo	rk Site
Morristown, NJ 07960	Front Royal, VA 22630	
e. Phone No.: 973-455-6719	f. Phone No.:	
If owner of the generating facility differs from the generator, provide:	-	
g. Owner's Name:	h. Owner's Phone No.:	<u> </u>
i. BFI WASTE CODE	1 3 8 8 9 DM - MET	IYPE AL DRUM STIC DRUM
j. Description of Waste: Soil	k. Quantity Units No. TYPE B - BAG BA - 6 Mil	L. PLASTIC BAG
From surface water impoundments and bermed pit	T or W	RAP
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P - POUN tricted hazardous waste subject to the Land Disposal Y - YARD.	S C METERS C YARDS
	a-d,Transporter completes e-g, Transporter II compete	a la de la companya
TRANSPORTER I	TRANSPORTER II	
a. Name: Reece Services, Inc.	h. Name:	
b. Address: 17756 Colonial Port RD.	i. Address:	
Dumfries, VA 22026		
C Orhiga Name/Title:	Driver Name/Title:	
c. Driver Name/Title:	J. Driver Name/Title: PRINT / TYPE k. Phone No.: I. Truck No.:	
		•
f. Vehicle License No./State: Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.	
	·	
g Shipment Date	n. Driver Signature SI	hioment Date
	Completes a-d, destination site completes e-f)	
a. Site Name: King & Queen Landfill	.c, Phone No.: 800-785-2146	
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD	
Little Plymouth, VA 23091	Little Plymouth, VA 23091	
e. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accilirate	
Thorough that the above hamed material has been decepted and to the best	:	
f		
Name of Authorized Agent Signature	Receipt Date	
tion IV ASBESTOS (Generator	Completes a-d. f-g, Operator completes e)	
a. Operator's* Name:	b. Operator's* Phone No.:	
c. Operators* Address:		
d. Special Handling Instructions and additional information:		
	re fully and accurately described above by proper shipping name and ar	e classified, packed,
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment at marked, and labeled, and are in all respects in proper condition for transport by highway as	colodifi in abhitrane uterrana suo rational Sovetutieum tedrilatiou	lo.
marked, and labeled, and are in all respects in proper condition for transport by highway at a. Operator's Name & Title:	coroning to applicative international and national governments regulation	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment at marked, and labeled, and are in all respects in proper condition for transport by highway at e. Operator's Name & Titte: PRINT / TYPE 1. Name and Address of Responsible Agency:	OPERATOR'S FIGNATURE	Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

ÖRIĞIÑAL

a. Generator Name: Honeywell c. Address: 101 Columbia Road Morristown, NJ 07960 e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide: g. Owner's Name:	b. Generating Location: Former Allied Chemical - Front Royal d. Address: Kendrick Lane Work Site Front Royal, VA 22630
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide:	
e. Phone No.: 973-455-6719 If owner of the generating facility differs from the generator, provide:	Front Royal, VA 22630
If owner of the generating facility differs from the generator, provide:	
	f. Phone No.:
g. Owners Name:	
	h. Owner's Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers IYPE DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: Soil	Or WRAP
From surface water impoundments and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously residuations, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 281. Generator Authorized Agent Name Signature	is in proper condition for transportation according to P - POUNDS tricted hazardous waste subject to the Land Disposal V - VARDS
	Supplied Date Supplied Suppli
TRANSPORTER I	TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
	1 Polyan Nama (Tible)
c. Driver Name/Title:	J. Driver Name/Title: PRINT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: i, Truck No.:
f. Vehicle License No /State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Authorities of the colpt of Materials.	
g	n. Driver Signature Shipment Date
	Completes a-d, destination site completes e-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	toriny knowledge the toregoing is true and accorate.
1.	
Name of Authorized Agent Signature	Receipt Date
tion IV ASBESTOS (Generator	Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment a marked, and labeled, and are in all respects in proper condition for transport by highway a	tre fully and accurately described above by proper shipping name and are classified, pack
e. Operator's Name & Title:	
FRINT / TYPE f. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

PRIGINAL

a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
a. Generator Name: Honeywell c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
070 APP 0740	f. Phone No.:
e. Phone No.: 9/3-455-6/19 If owner of the generating facility differs from the generator, provide:	6 FIDING TOO.
g. Owner's Name:	h. Owner's Phone No.:
I. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Soil	k Quantity Units No. TYPE B BAG BA 6 MIL. PLASTIC BAG
From surface water impoundments and bermed pit	1 T T T T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously restr Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	s in proper condition for transportation according to P POUNDS icted hazardous waste subject to the Land Disposal V VARDS
Generator Authorized Agent Name Signature	Shipment Date
ON II TRANSPORTER (Generator Completes a	-d Transporter completes e-p. Transporter II competes (i-n.) TRANSPORTER II
a. Name: Reece Services, Inc.	•
b. Address: 17756 Colonial Port RD.	h. Name:
Dumfries, VA 22026	i. Address:
c. Driver Name/Title:	j. Driver Name/Title: PRMT / TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State: Acknowledgement of Receipt of Materials.	m. Vehicle License No. /State: Acknowledgement of Receipt of Materials.
Authorited General of Necesipt of Intaterials.	
g	n. Driver Signature Shipment Date
	completes a.d. destination site completes a-f)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b, Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	nt my knowledge the foregoing is true and accilirate
Tripledy Cartily that the above harried material has been accepted and to the best	or my knowledge the tolegoing is the time according.
t <u></u>	
Name of Authorized Agent Signature	Receipt Date
ON IV ASBESTOS (Generator)	Completes a-d, f-g, Operator completes e)
a. Operator's" Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are marked, and labeled, and are in all respects in proper condition for transport by highway ac	s fully and accurately described above by proper shipping name and are classified, packed cording to applicable international and national governmental regulations.
e, Operator's Name & Title:	OPERATOR'S* SIGNATURE Data

BECTHATION DETUDIN INCHTE DETUDINTO OFFICEATOR OFFICE DETUDINTO OFFICEATOR



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No.

ORIGINAL

ion) GENERATOR (C	Generator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Roya
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE	1 3 8 8 9 Containers DM - METAL DRUM DP - PLASTIC DRUM DP -
j. Description of Waste: Soil	k. Quantity Units No. TYPE BA 6 MIL PLASTIC BAG or WRAP
From surface water impoundments and bermed pit	T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously researchment, I certify and warrant that the waste has been treated in accordance with the hexardous waste as defined by 40 CFR Part 261.	d is in proper condition for transportation according to p . POUNDS stricted hazardous waste subject to the Land Disposal v . vapps
Generator Authorized Agent Name Signature	Shipment Date
	a-d, Transporter completes a-g, Transporter II competes h-n.)
TRANSPORTER I	TRANSPORTER II
a Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 703-441-0999 e. Truck No.:	k. Phone No.: 1. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
ion III DESTINATION (Generator	Completes a-d, destination site completes e-f)
a Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the bes	et of my knowledge the torenging is true and accilirate
Thereby Colory Bial Bic above Harriso Historial Has been accepted and to the bes	is any secondary use renegating to use and secondary.
t	
Name of Authorized Agent Signature	Receipt Cate
cion IV ASBESTOS (Generato)	r Completes a-d, f-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
p. Operators* Address:	
d, Special Handling Instructions and additional Information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment marked, and labeled, and are in all respects in proper condition for transport by highway a	are fully and accurately described above by proper shipping name and are classified, pack according to applicable international and national governmental regulations.
a Dogrator's Name & Title	
e. Operator's Name & Title:	OPERATOR'S* SIGNATURE Date
f. Name and Address	
of Responsible Agency:	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST ORIGINAL If waste is asbestos waste, complete Sections 1, II, III and IV. If waste is NOT asbestos waste, complete only Sections 1, II and III.

if waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

tion I GENERATOR (G	enerator Completes all of Section 1)
a. Generator Name: Honeywell	b. Generating Location: Former Allied Chemical - Front Royal
c. Address: 101 Columbia Road	d. Address: Kendrick Lane Work Site
Morristown, NJ 07960	Front Royal, VA 22630
e. Phone No.: 973-455-6719	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Owner's Phone No.:
i. BFI WASTE CODE J. Description of Waste: Soil	1 3 8 8 9 Containers Type
From surface water impoundments and bermed pit	T OR WRAP T TRUCK O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to P - POUNDS incred hazardous waste subject to the Land Disposal V - VADDS
Generator Authorized Agent Name Signature	Shipment Date
tion II TRANSPORTER (Generator Completes TRANSPORTER I	o-d.Transporter completes e-g. Transporter II competes h-n.) TRANSPORTER II
a. Name: Reece Services, Inc.	h. Name:
b. Address: 17756 Colonial Port RD.	i. Address:
Dumfries, VA 22026	
c. Driver Name/Title:	j. Driver Name/Title: PRINT / TYPE
PRINT / TYPE	
	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State: Acknowledgement of Receipt of Materials.
g Shipment Date	n. Shipment Date
Minn 8 Owe on Landers	Completes a-d, destination site completes a-t)
a. Site Name: King & Queen Landfill	c. Phone No.: 800-785-2146
b. Physical Address: 4443 Iris RD	d. Mailing Address. 4443 Iris RD
Little Plymouth, VA 23091	Little Plymouth, VA 23091
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best	of my knowledge the foregoing is true and accurate
	·· [
f. Name of Authorized Agent Signature	
	Receipt Date
tion IV ASBESTOS (Generator	Completes a-d, 1-g, Operator completes e)
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment as marked, and labeled, and are in all respects in proper condition for transport by highway as	re fully and accurately described above by proper shipping name and are classified, packed, cording to applicable international and national governmental regulations.
e. Operator's Name & Title:	ADECUTADOS CASULADOS
t. Name and Address of Responsible Agency:	OPERATOR'S* SIGNATURE Date
g. Triable; Non-friable; Both % friable %	non-friable

DESTINATION DETIEN . WHITE DETIEN TO GENERATOR COLEMA DETIEN TO OPERATOR VOLLOW . TRANSPORTER BETAIN DRIVE CENTRAL COLE

Appendix E Quality Control

DAILY FIELD REPORT

PAILY FIELD REPORT NO.: 01 ROJECT NO.: 07-07-0622

PROJECT NAME: ERM-Former Avtex Fiber Plant

200 Aviation D ive Winchester, VA 22/302 Phone 540-667-9300 Facsimile 540-667-2260 www.triadeng.com



Triad Engineering, Inc.

DATE ON-SITE: 12/03/07

INSPECTOR/TECHNICIAN: Roger P. Addison

TIME ON SITE: 0745-0945

WEATHER: Cld

Cloudy/Windy - 40's

CLIENT:

ECOR Solutions, Inc.

1075 Andrew Drive, Suite I West Chester PA 19380

Attn: Joe Dattoli

CONTRACTOR: ERM

SUBCONTRACTOR(S): PERMIT NO(S).:

SITE LOCATION: Front Royal, VA

CC LIST:

AREA TESTED/LOT NO(S).: Ditch Line

WORK OBSERVED:

1. Prior to Triad's arrival, the contractor had spread and compacted fill material in the old ditch-line. The area had been topsoiled and seeded (see sketch).

SERVICE(S) PERFORMED:

Visual Observations Compaction Testing

EMARKS:

- 1. All density tests did not meet minimum 90% compaction specification using the modified Proctor value of 120.0 pcf @ 13.0% moisture content. Contractor was notified of all test results.
- 2. Area had received rain the previous day.

Reviewed by:

Kevin D. Stemple, P.E.

Attachment(s): Sketch

Compaction Control Summary Sheet

Triad Daily Report Number

ST. ALBANS • MORGANTOWN, WEST VIRGINIA WINCHESTER • PURCELLVILLE, VIRGINIA HAGERSTOWN, MARYLAND GREENSBURG, PENNSYLVANIA



Date: /2-3 Job. No. 07-07-0622 By: RPA Item: DENSITY TEST LOCATISIUS Project: ERM FORMER AUTEX FIBER Sheet Check: Date: of W0005 20 C600) - CHAIN LINK FENCE - RAIL LINES ROAD PATHWAY
DENSITY TEST LOCATIONS BLDL

December 6, 2007

Mr. Scott Mortimer ECOR Solutions, Inc. 3333 West Marshall Street Richmond, VA 23230

RE:

Laboratory Test Results

ERM - Former Avtex Fiber Plant

Front Royal, Virginia

Triad Project No. 07-07-0622

Dear Mr. Mortimer:

Please find enclosed the results of the laboratory testing performed on the sample obtained at the reference project on November 12, 2007. Laboratory testing was performed at Triad Engineering, Inc. located in Winchester, Virginia. All testing was performed in accordance to the ASTM Test Specifications.

Should you have any questions, with regard to the information, please do not hesitate to contact us.

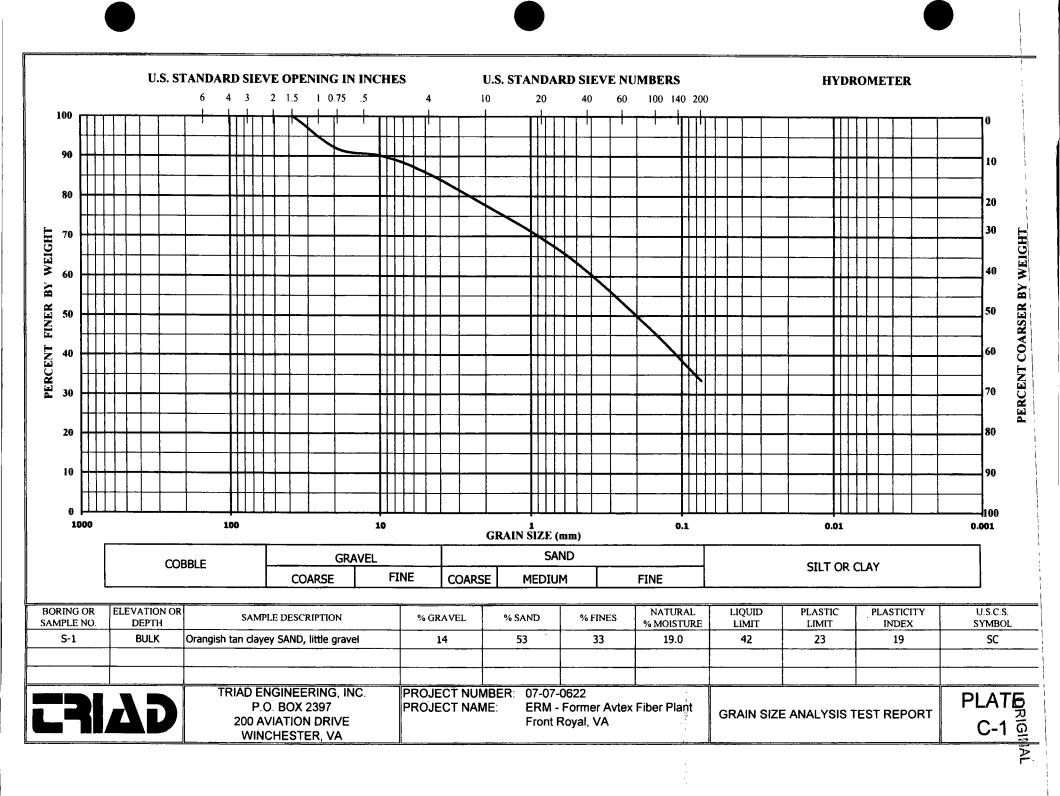
Sincerely,

TRIAD ENGINEERING/INC.

Lloyd C. Winters, C.E.T. Director of Testing Services

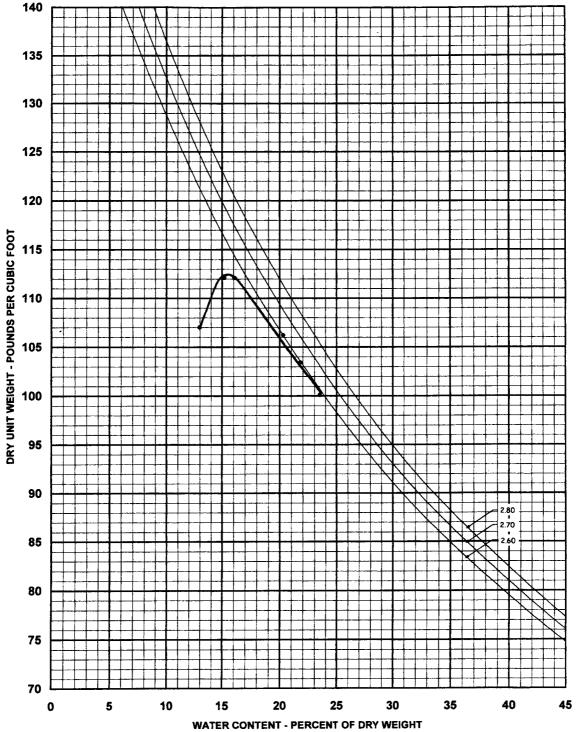
Attachments:

Plate C-1 through C-4



PROCTOR COMPACTION TEST REPORT

ORIGINAL



BORING OR SAMPLE NO.	ELEVATION OR DEPTH	SAMPLE DESCRIPTION	% FINES	NATURAL % MOISTURE	LIQUID LIMIT	PLASTICITY INDEX	BULK SPECIFIC GRAVITY	U.S.C.S. SYMBOL
S-1	BULK	Orangish tan clayey SAND, little ggravel	33	19.0	42	19		SC

NOTES:

PROCTOR TEST RESULTS

TEST METHOD: ASTM D-1557

Maximum Dry Density (pcf) Optimum Moisture (%)
112.5 15.5

Plus 3/4 Correction with 20 % = CDD = 120.0 pcf @ 13.0 % Mc

Front Royal, VA

CAIAD

TRIAD ENGINEERING, INC.
P.O. BOX 2397
200 AVIATION DRIVE
WINCHESTER, VA

PROJECT NUMBER: 07-07-0622 PROJECT NAME: ERM - Form

ERM - Former Avtex Fiber

PLATE C-2

GRAIN SIZE DISTRIBUTION TEST DATA

11/28/2007

Client: ECOR Solutions, Inc.

Project: ERM - Former Autex Fiber Plant

Project Number: 07070622

Location: On Site

Material Description: Dark Brown silt with clay and some sand "Top soil"

Date: 11-26-07

Testing Remarks: Organic Content = 4.0%

pH = 5.78

Tested by: DTB

Checked by: RAS

Sleve Test Data Post #200 Wash Test Weights (grams): Dry Sample and Tare = 500.40

Tare Wt. = 161.60

Minus #200 from wash = 68%

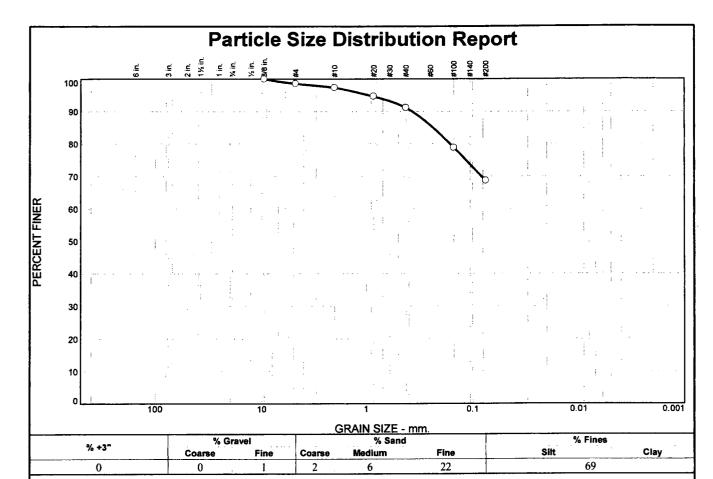
Dry Sample and Tare (grams)	Tare (grams)	Sieve Opening Size	Weight Retained (grams)	Sieve Weight (grams)	Percent Finer
1063.30	0.00	.375	0.00	0.00	100
		#4	15.10	0.00	99
		#10	13.30	0.00	97
		#20	28.80	0.00	95
		#40	36.80	0.00	91
		#100	131.30	0.00	79
		#200	108.20	0.00	69

	Gravel			Sand				Fines		
Cobbles	Coarse	Fine	Total	Coarse	Medium	Fine	Total	Silt	Clay	Total
0	0	1	1	2	6	22	30			69

D ₁₀	D ₁₅	D ₂₀	D ₃₀	D ₅₀	D ₆₀	D ₈₀	D ₈₅	D ₉₀	D ₉₅
						0.1630	0.2357	0.3702	0.9428

Fineness Modulus 0.48

Triad Engineering, Inc. .



SIEVE	PERCENT	SPEC.*	PASS?
SIZE	FINER	PERCENT	(X=NO)
.375	100		
#4	99	Į.	
#10	97		
#20	95		
#40	91		
#100	79		
#200	69		
	1 1		
	!		

Dark Brown silt w	Soil Description ith clay and some sand	
PL=	<u>Atterberg Limits</u> LL=	PI=
D ₈₅ = 0.2357 D ₃₀ = C _u =	Coefficients D60= D15= Cc=	D ₅₀ = D ₁₀ =
USCS=	Classification AASHTO)=
Organic Content =	4.0% Remarks	
pH = 5.78		,

(no specification provided)

Sample No.: S-2 Location:

Source of Sample:

On Site

Date: 11-26-07

Elev./Depth:

Triad Engineering, Inc.

Client: ECOR Solutions, Inc.

Project: ERM - Former Autex Fiber Plant

Morgantown, WV

Project No: 07070622

Tested By: DTB Checked By: RAS

PLATE C-4